SPIRITUALITY AND WELL-BEING IN OLDER ADULTS: IMPLICATIONS FOR PASTORAL CARE AND COUNSELING

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Abstract

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A sample of elders (n=149), over 65 , were given the SF-36 (short form 36) of the Medical Outcomes Study, and asked to identify themselves as religious, spiritual, atheist, or agnostic. There was a statistically significant difference between the combined groups in limited role functioning due to physical problems; no corresponding difference in other subscales emerged. Despite significantly lower scores on that measure, the religious/spiritual group had virtually the same level of mental health and perception of general health as the atheist/agnostic group. This appears to indicate a level of well-being, *despite* limitations in function, that supports the hypothesis that those who identify themselves as religious/spiritual would report a better quality of life and well-being, regardless of function. When the religious and spiritual groups were compared to one another, a consistent non-significant trend toward higher scores was found in the spiritual group. Except for Vitality, the mean scores of the spiritual group were higher than those of the religious group in all subscales.

Chapter 1 reviews the current research on religion, spirituality, and aging, and the impact of biological and psychosciospiritual change on elders. Chapter 2 examines the relationship between a quantitative measure of health status and well-being and elderly patients' self identified religious status. In Chapter 3, the theological argument for a

spirituality which is sensory and holistic, based on theological perspectives which have informed our sense of ourselves as body/mind/spirit, will be examined in light of holistic models; Sallie McFague and James Nelson are major resources for that analysis. In Chapter 4, ways in which spirituality can be facilitated by sensory experience is examined from the perspective of religion and the arts; Carl Jung and Susanne Langer provide the central methods for investigating the content (image, symbol, metaphor, and ritual) and form (presentational vs. discursive knowing) of the symbolic reality on which spirituality depends. Chapter 5 considers the implications of sensory spirituality and experiential knowing for the faith journeys of both the carer, and those cared for, in pastoral care and counseling.

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Chapter 1

Religion, Spirituality, and Aging

> The one who is in many ways afflicted is not without refreshment of consolation, because he feels abundant fruit to be growing within him out of the bearing of his cross - the more the flesh is wasted by affliction, the more is the spirit strengthened mightily by inward grace.
>
> Thomas a´ Kempis, *Imitation of Christ*, Chap. 12

Introduction

Over the past decade, there has been increasing concern about, and for, aging. The "graying of America," prompted by the aging of the baby boomers has resulted in unprecedented explorations into the life style, preferences, and proclivities of that group from virtually every profession -- from health care providers to marketing analysts. The group defined as older adults, whether 50 and over, 55 and over, 65 and over, or the so-called old, old, 85 and over, have captured our attention and concern. And they have captured the attention of the church.

The church is one arena where older adults form an obvious and powerful cohort; the statistics of the mainline denominations show their numbers to be increasingly comprised of older adults. In the Presbyterian Church (U.S.A.) the number of members over 55 is increasing every year. The Presbyterian Panel, a representative sample of Presbyterians, reported a median age of membership of 53 years for 1993; the major change in composition over the last ten years is a significant increase among members and elders in the proportion aged 65 and older. As of 1995,

26% of the total membership was over 65. Nearly half of the total membership, 42%, was 56 or older (Presbyterian Panel Report, 1993). For those of us who are concerned with pastoral care, people over 55 now represent a major constituency. Living longer means greater concern for the health care arena as well. It is there that the price of growing old is costed out in day surgery, outpatient visits, medication, hospitalization, and extended care facilities. The pressure to find more effective ways of preventing, identifying, and caring for health problems has as it's impetus philosophical as well as financial concerns. The health care industry, committed to less invasive methods and more holistic attitudes, is emerging as the illness cure industry begins to collapse under its own weight. The population of older adults in this country is at the center of this paradigmatic shift; ten years ago, 85% of our health care dollars were spent on the final fourteen days of life. Today, prolongation of life by extraordinary means in an acute care setting is less likely; the elderly have many more options open to them. Cost cutting measures, induced by managed care plans and capitation, have important implications for everyone, especially for the large group of people over 50 in this country. There is a groundswell of support for less invasive methods of treatment; alternative medicine and complementary modalities from a variety of cultures are becoming more accepted.[1]

At the center of the investigations into the efficacy of such measures is a renewed interest in and concern for the spiritual. The relationship of faith to health ,

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[1] The terms "alternative medicine" and "complementary modalities" are sometimes used interchangeably. There is growing acknowledgment of the need to use the term "complementary modalities." It is inclusive of interventions that are not medical, and does not imply rejection of Western medical techniques.

well-being, and healing is being scrutinized from secular, academic, and health care perspectives (L. Dossey, 1993; Koenig, 1994; Levin, 1996; Mickley, Soeken, & Belcher, 1992).

Strategies which take advantage of any means that enhance well-being are being explored and recommended. In recent popular culture, guides both old and new have offered ways of integrating spirit and well-being; the language of metaphor and myth and the way of the shaman is once again being taken seriously (Campbell & Moyers, 1988; Colt, 1996; Samuels, 1995; Simpkinson & Simpkinson, 1993; Wallis, 1996). At the center of the debate between holistic alternatives and traditional Western medicine is the centuries old connection between religion, or spirituality, and health.

The present study will examine the relationship between spirituality and well-being in older adults from a variety of perspectives. Both quantitative analysis and theoretical explorations will be used. Correlational analysis of quantitative data will demonstrate the relationship between quality of life, well-being, and spirituality among 149 elderly people over 65. An analysis of theological and cultural approaches which undergird faith-knowing will be used as a means of identifying both the process and content of spirituality as a factor in well-being.

Chapter 1 will review the current research on religion, spirituality, and aging, and discuss the impact of biological and psychosciospiritual change on elders. Chapter 2 will examine the relationship between a quantitative measure of health status and well-being and elderly patients' self identified religious status (Ware and Sherbourne, 1992). In Chapter 3, the theological argument for a spirituality which is

sensory and holistic, based on theological perspectives which have informed our sense of ourselves as body/mind/spirit, will be examined in light of holistic models. Both Sallie McFague (1993) and James Nelson (1992) will be major resources for that analysis. In Chapter 4, ways in which spirituality can be facilitated by sensory experience will be examined from the perspective of religion and the arts; Carl Jung and Susanne Langer provide the central methods for investigating the content (image, symbol, metaphor, and ritual) and form (presentational vs. discursive knowing) of the symbolic reality on which spirituality depends. Chapter 5 considers the implications of sensory spirituality and experiential knowing for the faith journeys of both the carer, and those cared for, in pastoral care and counseling.

Transitions: The Search for the Self in the Second Half of Life

The transition from one stage of life to another gives rise to all sorts of images; James Loder's transforming moment (1981) is remarkably similar to St. John of the Cross' dark night of the soul (Conn, 1989) or William James' melancholia. (James, 1961). The plethora of books on spirituality that are now available in the secular as well as the religious press all seem to emanate from authors in the second half of life (Bolen, 1994; Clinebell, 1992; Dossey, 1993; Fischer, 1995; Moore, 1992, 1996; Norris, 1993; Saussy, 1991). Jung himself was in his 50's when he began his prolific writing on spirituality , and building his symbolically significant house in Bollingen. As he elaborates on the process of building the house, he appears to parallel the process of his developing preoccupation with his own spirituality (1963, p. 223 ff.). William James was 60 when *The Varieties of Religious Experience* was

written; his classic definition of mysticism reflects a kind of "cosmic consciousness" that only comes with the wisdom of maturity (Moody, 1995, p. 88).

Victor Turner has discussed the three-fold process of change in the context of Arnold van Gennep's description of *rites de passage* as separation, margin, and reaggregation (Turner, 1974, p. 231). Separation, as the first phase, is marked by detachment from a previous identified state which could be comprised of relationship, social structure, or set of cultural conditions. The middle phase, the margin, or *limen* (threshold in Latin -- hence, *limenality*), is the period of disequilibrium, or unsettling, when the person is in a state that Turner describes as "ambiguous, neither here nor there, betwixt and between all fixed points of classification; he/she passes through a symbolic domain that has few or none of the attributes of his past or coming state" (p. 232). He goes on to observe that individuals undergoing such change are almost always invisible while in the in-between state -- there is little cultural identity conferred whether they are in the process of being elevated or degraded in status; they are stripped of cultural standing. The third phase, reaggregation, is achieved when the ritual of transition is completed.

The phase of marginality commands our attention as one that is central to the passages of the developmental trajectory. Leaving one phase of life experience necessarily requires a transition, often full of the attributes Turner describes, as one makes one's way from one stage of being to another. It could be used to describe the major developmental upheavals; adolescence to young adulthood, with the angst and ennui of discovering the psychosocialsexual self, and the shift from adulthood to

middle adulthood, with it's attendant struggle to come to terms with disillusionment and struggle, and the era that is our particular concern: the shift from middle adult to older adult.

In each developmental change, there is the inevitable loss of the known and familiar. Place, language, custom, and even the knowledge of God and religious expression undergoes significant change in the content and form, the structure and process of knowing. That experience of losing the known and familiar is, I would posit, particularly acute for the older adult in transition. The losses of cultural identity and relationship status are more permanent and irreversible; there is rarely a higher status to be attained in older adulthood. The feelings attendant to the marginal phase, the "betwixt and between," may be especially protracted, particularly when the final stage of reaggregation is seen as disability, irrelevance, demise or death.

It is in this so-called marginal phase of transition, the dark night of the soul -- that the most innovative solutions to the emptiness can be discovered -- if one has the capacity, and resources to do the work of creative uncovering. This is the place for the arts; this is the place for a symbolic renaissance. The process of transition is facilitated by symbolic transformation which takes into account a past that is no longer relevant and a future that is undefined; symbols that can bear the ambiguity of marginality, symbols that can carry the movement from the already to the not yet.

Changing Modes of Being, Doing, and Acting

Phillip Hammond (1985) offers a useful discussion of instrumental vs. expressive modes of religious experience in aging. He believes that a shift from instrumental religious life to an expressive religious life occurs -- which has

implications for doing ministry with the aging. He suggests that selective withdrawal from religious and political activities may indicate a meaningful pattern to those activities they give up and those they retain (p. 169). Far from being withdrawal from life, what has been termed disengagement may merely reflect a shift in emphasis for the aging person.

This change coincides with alterations that are biological as well as psychosociospiritual. One major limitation to theories of aging that attempt to explain older adults' disengagement is a psycho*social* focus that does not give biological and spiritual changes their due (Achenbaum & Bengtson, 1994). The actual process observed and labeled "disengagement" may reflect a process of shifting ways of knowing and being.

That insight parallels Jung's supposition that there is a movement toward a more feeling focused spiritual journey after mid-life. For Jung, the overarching life task is achieving individuation, best accomplished by reconciling opposites. In his typology, thinking is the opposite of feeling, sensing is the opposite of intuition, and judging is the opposite of perceiving. In his writings about the archetypes of the personality, Jung attempted to describe the progressive development of the individual that resulted from coming to terms with aspects of one's being. Only by achieving balance between and among these opposing forces, is true wholeness a possibility. One comes to know one's self by recognizing influences from seemingly paradoxical influences. For example, if one's dominant trait has been thinking, and feeling has been the inferior, or less influential function, the opposite would emerge as one progressed toward individuation and maturity; feeling would become the dominant

function, and thinking would become inferior, or less influential. Jung supposes that such changes are most likely in the second half of life (Jung, 1958).

Susanne Langer's (1942) notion of the difference between discursive knowing and presentational knowing adds a useful perspective. Discursive knowing depends on cognitive ability and language; it is the mode of rhetoric and reason. Presentational knowing, on the other hand, is representational; it occurs with music, visual art, poetry, sculpture -- with any form of art. It is primarily through presentational modes that symbols become meaningful and operative; and symbols, Jung would say, are the language of the unconscious. The transition that we might expect to see in the second half of life might be conceptualized as follows:

Jung	thinking	to	feeling	(ways of being)
Langer	discursive	to	presentational	(ways of knowing)
Hammond	instrumental	to	expressive	(ways of acting)

Urban Holmes (1989) is also clear about the role of symbolic reality for the aging. Story and ritual, he says, are the language of faith. Arguing for ritual that is sensible as opposed to sentimental, he pushes for the need for numinous, "vulgar," exciting ritual that can carry the freight of worship and memory. Here he implies that sensible means using the senses to actualize the experience. The importance of the senses in symbolic experience warrants closer consideration. We need hearing, seeing, smelling, tasting, touching, movement, if we are to truly *embody* religious experience, both individually and corporately.

The search for the spiritual self that seems to begin in earnest after middle age preoccupied Jung for most of the second half of his life; his search for his own spirituality gave impetus to his prolific exploration of the archetypes that feed our souls, and give us a sense of wholeness. "My life," he states, " is what I have done. . . . the work is the expression of my inner development. . . . my works can be regarded as stations along life's way" (1961, p. 222).

Jung's understanding of the role of symbol has provided a huge repertoire of images and metaphors that make sense of the life of the spirit that originates out of the unconscious. Ritual, symbol and metaphor are the language of faith. Pointing to a reality that can only be experienced, rather than explained, described, rather than understood, this fascinating language of the spirit gives us ways of communicating, of re-membering that which we know. We use rituals and symbols and metaphors all the time, perhaps now more in secular pursuits than in the church. Our need for them increases in direct relation to the pace of technology and the dissemination of information.

Symbolic reality affords a process by which the inexplicable can be expressed. If that process is blocked, by ineffectual ritual, inappropriate symbols, or offensive metaphors, the resultant faith knowing is arrested, truncated, suspended, inaccessible. And if the process of accessing symbolic reality is blocked because of one's inability to hear, see, feel, smell, taste, or move -- the result is the same. Ritual, symbol, and metaphor are central to the experience of spirituality -- and the process of aging can significantly alter the ways in which symbolic reality functions. Aging is a phenomenon that has a significant impact on the use of symbolic reality in the spiritual

life; perhaps because bodies matter less, the spirit matters more. In discussing religious images of aging, Evelyn Whitehead (1985) highlights six which she sees as central to the task:

1. personal salvation;
2. hope;
3. a religious sense of time and personal history;
4. God's unconditional love for the individual;
5. spiritual discipline of "emptiness" and "letting go"; and
6. the image of the Christian as the pilgrim-on-the-way.

Her description of spiritual discipline is especially helpful within the context of a sensory spirituality; experiencing the losses and deprivations of aging affords one the opportunity to let go of false distractions and "live more fully in the present - seeing life as it is" (p. 67).

Letting go, becoming emptied out, is the beginning of becoming truly filled with the Spirit. First, one makes room. For older adults, spirituality and well-being are not synonomous with activity, religious or otherwise. Being, as contrasted with doing, appears to be a necessary prerequisite for a developing spiritual life.

For elders who are "pilgrims on the way," there is a rich repository of images, sounds, sights, textures, movements, that can be pressed into the service of a soul life. The critical aspect of that endeavor with the aging is to be as attentive to the form of how one hears, or sees, or tastes, as we are to the content (symbols, images, myths, and metaphors) of what is expressed. We all take in the holy in different ways and

our physical capacities change over time. Using those ideas in pastoral care can make the experience of the spiritual not only relational -- with us -- but symbolically relevant. Older adults, as well as younger people, may be tired of ritual that is dry, metaphors that no longer communicate truth, symbols that have become irrelevant or overused. Embodied faith-knowing, sensory spirituality -- enlivens the journey -- regardless of what we believe. And it's probably more important as one ages.

Long an advocate for religion that is first of all spiritual, Howard Clinebell has classified the differences between what he calls toxic faith as distinct from healing faith. These he understands to be constitutive of salugenic (healing) or pathogenic (disease producing) religion. His approach has been to point out the detrimental effects of religion that is destructive, pathogenic, and prohibitive of healing. His many contributions to the field of pastoral care and counseling have paved the way for faith-knowing that is truly salugenic. The first stage of any paradigm shift is the need to envision a change that is radically divergent from the prevailing view (Clinebell, 1984, 1995).

In paving the way for explorations in religious experience that can turn us away from old paradigms, Clinebell has identified many of the obstacles to our growth in faith. He has lead the way toward new perspectives as well. In *Well-being* (1992), a work that represents a summary of many of his most salient beliefs, he explicates the component parts of spirit-centered well-being in one's life, in mind, body, spirit, love, work, play, and earth. He says that all people need to have:

1. the regular experience of the healing, empowering love of God;

2. renewing times of transcendence regularly;

3. vital beliefs that give meaning and hope to life in the midst of losses, tragedies, and failures (salugenic rather than pathogenic religion);

4. values, priorities, life commitments centered in integrity, justice, love;

5. a way to discover and develop inner wisdom, creativity, love of our spiritual self;

6. a deepening awareness of our own oneness with other people and with the natural world; and

7. spiritual resources to help heal painful wounds of grief, guilt, resentment, unforgiveness, and self-rejection.

Such a model is a helpful guide for encouraging well-being with any population, especially with elders. It points us toward exploration of spirituality rather than religiosity, and outlines the importance of experiential knowing on the journey of faith.

Research in Aging and Religion

Barbara Payne (1989) has implied that assumptions about the positive function of religious adjustment to old age have yet to be tested systematically. Other researchers have suggested that the positive effects of religious behavior reported are due to external variables that accompany extrinsic religious practice, such as the community support found in congregational participation (Levin, Lyons, & Larson 1994; Levin & Taylor, 1993; Koenig, Moberg, & Kvale, 1988; Koenig, 1994; Nye, 1993). That observation warrants further study; attendance at services has

often been the sole variable identified with religiosity (Marwick, 1995, Moberg, 1995).

On the other hand, intrinsic religious practice, has been found to be predictive of overall religious and spiritual well-being (Carson, 1990; Mickley, et al., 1992). Multiple studies have found religious beliefs to be a source of comfort for hospitalized patients (Koenig, 1994). Attendance at worship and private prayer are the most often cited indicators of religious behavior; of these two, prayer is reported to be the more sensitive indicator (Levin, Lyons, & Larson, 1994). A variety of researchers have reported that the efficacy of religious beliefs support and enhance healing. In a study of older women with hip fractures, Pressman, Lyons, Larson, and Strain (1990) using an index of religiousness, found that patients who were defined as religious were less depressed and ambulated earlier than those who were not. Sherrill & Larson (1988) reported that burn patients who relied on religious beliefs experienced less pain and faster healing.

Other studies have identified the usefulness of the Spiritual Well-being Scale (Paloutzian & Ellison, 1982) in examining the relationship of spirituality to other variables (Forbes, 1994; Kirschling & Pittman, 1989; Carson, 1990). Spiritual well-being has been highly correlated with positive adjustment to hemodialysis, lower degree and frequency of pain, less isolation and despair, lower anxiety and higher hope in cancer patients (Ellison & Smith, 1991). Spiritual well being has been positively correlated with hope, hardiness, recovery rate, psychological well-being and relational well-being in a variety of patient populations (Ellison & Smith, 1991; Pressman, et al., 1990; Sherrill & Larson, 1988).

Since the elderly are more likely to experience chronic illnesses, disabilities and social isolation due to loss of friends and family, they are typically a population in need of ways to cope with physical limitations and methods for maintaining the highest level of wellness possible. Some of the criticism with spiritual research to date has been small sample size, lack of standardized tests, lack of males in sample, and bias towards those who have a religious affiliation (Koenig, 1994).

Moberg has observed that a good deal of research in religion has been dependent upon an outsider's views on topics and people under study, rather than seeking to understand and appreciate the subjects' interpretations of feelings, thoughts, and actions (1995, p.543). Koenig (Koenig, et al., 1992) reports using a 3 item measure of religious coping (The Religious Coping Index) comprised of items involving spontaneous self-report, self rating on a visual analogue scale, and an observer rating. Self report appears to be a trend which acknowledges the importance of subjective information gleaned *from* those who are observed, as well as information recorded *about* those under study.

The present study uses one quantitative measure of well-being and quality of life (SF-36) to look at the relationship between self identified religious orientation and well- being as defined by the Medical Outcomes Study (Ware & Sherbourne, 1992).

Purpose of the Study

By exploring the relationship of spirituality to well-being and quality of life in elders over 65, the purpose of the study is to show that spirituality is a potent force for

well-being, actualized as sensory, rather than cognitive experience, and that religion and the arts is a primary resource for accessing that experience.

The thesis is that the patients who identify themselves as spiritual, or both spiritual and religious, will have the best quality of life and well-being, regardless of function. If that is the case, then exploring methods to actualize spiritual experience, taking into account the specific needs, limitations, and proclivities of elders, is of critical importance. In particular, the changing sensory capabilities which aging imposes have important implications for such an effort. Exploring resources in religion and the arts provides one way to identify content (image, symbol, metaphor, myth) that fosters an active spiritual life, as well as the process (hearing, seeing, touching, tasting, smelling) by which that content is experienced or felt.

The questions of the study are as follows:

1. What is the relationship between spirituality and well-being for adults over 65 with a defined health care problem?

2. How can the arts, as they are encountered through the senses, facilitate spiritual experience for older adults?

Definition of Terms

In this study, the following definition of terms will be used. Holistic, whole is understood as the orientation to life that encompasses body/mind/spirit as one totality, balancing and reconciling opposites. Well-being is defined as an attitude and experience of being whole. Symbolic reality is the functional reality of symbols operating in the individual and collective unconscious from a Jungian perspective.

For the purpose of theoretical discussion, the first two aspects of A. J. van den Blink's (1995, p.19) three-fold definition will be used: (a) *Seeking God* (being open to the presence of God in the here and now), and (b) *Experiencing God* (not just with the mind but with the whole body).

Chapter 2

Spirituality and Well-being: Measuring the Relationship in Older Adults

The Medical Outcomes Study: Well-being and Quality of Life

The Medical Outcomes Study (MOS) questionnaire is a tool that has been used cross culturally to evaluate patient care outcomes. At this point, it has been administered to over 22,000 patients and has been found to be valid and reliable in a number of contexts (Ware & Sherbourne, 1992). It is frequently used by health care organizations as an indicator of patient well-being (Guyatt, Feeny, & Patrick, 1993; Wachtel, et al., 1992), and has been used successfully with the elderly (Mangione, et al., 1993; Weinberger, et al.,1991). The tool specifically measures functional status, well-being, and overall health by testing for eight variables:

1. Physical functioning
2. Social functioning
3. Role limitations attributed to physical problems
4. Role limitations attributed to emotional problems
5. Mental health
6. Vitality
7. Pain
8. General health perception.

The original tool had 100 questions; testing and refinement have resulted in the efficacy of a shortened form, made up of 36 items, which can be completed easily and quickly (the short-form 36, or SF-36). To date, no studies have been reported that compare data from the MOS with any kind of spiritual or religious identity, practice or belief. The SF-36 Health Survey, developed during the Medical Outcomes Study, measures generic health concepts in order to provide a comprehensive, psychometrically sound, and efficient way to measure health from the patient's point of view. Extensive evidence exists for reliability and validity, including criterion validity data involving the SF-36 translations in 10 countries participating in the International Quality of Life Assessment Project (McHorney, Ware, Lu, & Sherbourne, 1994; McHorney, Ware, & Raczek, 1993; Ware and Sherbourne, 1992).

The implications of using the tool with the elderly has been investigated by authors concerned with the capacity of older adults to respond to questions appropriately, through telephone interviews, person-to-person interviews, or self-administered (Mangione, et al, 1993; Weinberger, et al, 1991; Lyons, Perry, & Littlepage, 1994). Such studies have found elderly patients had similar overall health perception to younger subjects, although their function was compromised. Mangione et al. (1993, p. 397) found that despite limited function across many specific dimensions (e.g. role, fatigue, energy), older adults had similar global health perception as compared to younger individuals, and demonstrated a non-significant

trend toward better mental health scores. The short administration time (approximately 10 minutes) of the SF-36 makes it particularly appealing to older adults. Weinberger et al. (1991) compared the results of the tool to another well validated health status measure, The Sickness Impact Profile, and found similar results.

Frequently cited tools that measure the impact of religious beliefs and behaviors on health status are Harold Koenig's Religious Coping Index (Koenig, et al., 1992; Koenig, 1994, 1995) and Paloutzian and Ellison's (1982) Spiritual Well-Being Scale. The Spiritual Well-being scale in particular has been used in over 300 studies, many of those emanating from researchers in health fields such as nursing or social work, who have an interest in religion and spirituality (Forbes, 1994; Mickley , Soeken, & Belcher, 1992). Harold Koenig is a physician who has an strong interest in religious coping behaviors, mental health, and the elderly; he defines religious coping as "the dependence on religious belief or activity to help manage emotional stress or physical discomfort" (1994, p.161).

While the studies employing these scales have been used with patient populations exhibiting a particular symptom, or disease, they have rarely been used in conjunction with a tool that specifically measures overall health status and function. Although the tools that measure religious coping and spiritual well-being may be known to scholars and clinicians interested in pastoral care, nursing, or alternative medicine, they are less well known in the mainstream of health care. In a review of published studies in four major psychiatric journals, only 2% included a religious commitment variable -- and in the primary care and family practice literature, the

figure was 1% (Marwick, 1995). [1] Religion and spirituality, it seems, have had a less than full hearing in most widely circulated health care journals.

Looking at the question of health status and well being in another context, it seemed prudent to use a scale that is extremely familiar to clinicians and policy-makers who are measuring health outcomes. Measuring overall health status in elderly people over 65 provided an opportunity to ask the patients about their own self-identified religious orientation - and explore the use of a tool that has not been used in pastoral care studies, but which has a great deal of recognizability in the wider health care arena. Thus, one might come at the question of spirituality from a different perspective, and simultaneously stimulate the investigation of any correlation between the two.

Methodology

The questionnaire used in the present study was mailed to a targeted sample of 1500 patients over 65 who had been hospitalized at at a large inner city medical center and who lived in the two communities adjacent to the hospital. An interdisciplinary group, including the present investigator, developed the questionnaire, which had the SF-36 imbedded in it, while exploring the possibility of developing a wellness center and life care at home for elderly patients and residents in the community. Those communities were selected because (a) they are close to the hospital and presumably

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[1] This article in the *Journal of the American Medical Association* reported on a conference held by the National Institute for Healthcare Research in May, 1995. At the same meeting, David Larson was quoted as observing that according to a Gallup poll taken in 1981, 95% of the American people said they believed in God. Only 465 of the members of the American Psychiatric Association polled with the same question responded that they believed in God (cf. Larson, et al., 1986).

patients would be able to take advantage of convenient and accessible services, and (b) they are characterized as a randomized cross section of a community, culturally , socio-economically, and religiously.

The response rate was about 10%, which produced a sample size of 150. The thesis was that the patients who report themselves to be spiritual, or both spiritual and religious, would have the best quality of life and well-being, regardless of function. If that were so, then the ways in which spirituality can be experienced and actualized, particularly through sensory experience as contrasted with cognitive experience, become important considerations for pastoral care and counseling.

The data set used for the present study was derived from a questionnaire comprised of the SF-36 (short form 36) of the Medical Outcomes Study, questions relating to activities and potential use of a wellness center, and a question asking the respondent to identify him or herself as religious, spiritual, atheist, agnostic, or other. The goal was to link religious orientation to the data from the SF-36, to investigate the relationship of spirituality and well-being, and pave the way for future studies that could use more discrete measurements for spirituality.

The questions of the MOS fall into eight categories, which taken together, provide an overview of health status. The categories can themselves be compared, to one another, or to other studies, so that an individual category, for example, mental health, might be examined without consideration of other variables. The questions are variously distributed among the eight categories. Ten questions relate to physical functioning, and measure the extent to which health *limits* physical activities. Role functioning (physical), the extent to which physical health interferes with daily

activities, or prevents patients from doing what they want to do is measured by 4 questions. Role functioning (emotional), the extent to which emotional problems interfere with usual activities is measured by 3 questions. Two questions relate to bodily pain, and 4 questions measure vitality, or the degree to which the person feels either energetic or tired. Mental health is explored through 5 items which relate to general mental health, general positive affect without anxiety or depression, and behavioral control. Social functioning accounts for 2 items which measure the extent to which physical health or emotional issues preclude normal social activities, and finally general health is assessed by 5 questions concerning personal evaluation of health, current health, health outlook, and resistance to illness. A summary of the health concepts measured by the subscales is shown in Table 1, p. 23.[2]

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[2] Adapted from Ware, et al. (1993)

Table 1

Health Concepts, Number of Items, and Summary of Content of the SF-36

Concepts	# of items	Summary of Content
Physical Functioning	10	Extent to which health *limits* physical activities
Role Functioning (physical)	4	Extent to which physical health interferes with daily activities; doing less than they wanted
Role Functioning (emotional)	3	Extent to which emotional problems interfere with usual activities
Bodily Pain	2	Effect of pain on usual activities
Vitality	4	Feeling energetic rather than tired
Mental Health	5	General mental health; general positive affect without anxiety or depression; behavioral control
Social Functioning	2	Extent to which physical health or emotional issues preclude normal social activities
General Health	5	Personal evaluation of health, current health, health outlook, resistance to illness

All the patients in the sample were over 65, but specific ages were not known. The number of returned questionnaires was 170. Of those, 149 were complete enough to be analyzed for the present study. Questionnaires with incomplete answers were eliminated, in order to insure consistency in scoring the SF-36. Since many of the questions relating to activities were answered incompletely, or not at all, it was decided to analyze the questions from the SF-36 and look for correlations between those eight subscales and the respondents' religious identity.

The statistical calculations used to examine the hypothesis were product moment correlations. The statistical analysis of correlation measures the strength and direction of the relationship between two variables. The correlation coefficient is a unit free measure for quantifying the strength of such an association. The correlation coefficient for any two variables is tested for its significance in order to determine if the value represents a true relationship between the variables or a deviation that is due to sampling error. The larger the correlation coefficient and the larger the sample size, the more likely that the relationship is significant for the given population. The hypothesis was tested by using the Pearson coefficient of correlation to measure the relationship of the predictor spiritual/religious orientation on health status. The .05 level of significance was used for the coefficient.

Scope and Limitations of the Study

The characteristics of the sample, that is, a population of elders over 65 previously hospitalized in a large urban medical center, in a major metropolitan area,

limit the generalizability of the data analysis. This population may not be characteristic of other cohorts of elders. The response rate, approximately 10%, limits the generalizability of the findings. Furthermore, the self-reporting nature of the study limits the definition of the terms spiritual and religious to the participants' definition of what they perceive as religious or spiritual.

In addition, demographic data was limited; specific age, sex, marital status, and socio-economic status were not known. Neither did we know what the specific medical problem was. The findings are limited to definitions of quality of life, well-being, and function as measured by the subscales of the Medical Outcomes Study Short Form 36.

Analysis of the Data

The frequency distribution according to religious orientation is shown in Table 2, page 26. The largest number of respondents, n=49 (32.9%) identified themselves as religious, followed by n=38 (25.5%) who identified themselves as spiritual. Both the religious and spiritual categories were selected by n=9 (6.0%). Agnostics, n=20, comprised the next largest category (13.4%); atheists numbered n=12 (8.1%), and n=21 identified themselves as other (14.1%).

Table 2

Distribution by Religious Identification

Religious Identification	n	Percent
Religious	49	32.9%
Spiritual	38	25.5%
Religious/Spiritual	9	6.0%
Atheist	12	8.1%
Agnostic	20	13.4%
Other	21	14.1%
Total	149	100.0%

The data were organized for purposes of correlation in two ways. In the first instance, the three categories religious, spiritual, and religious/spiritual were combined and labeled *religious/spiritual*, and compared to the atheist and agnostic categories, which were also combined and labeled *atheist/agnostic*. The results of the analysis of combined categories are shown in Table 3, page 27. The category which identified *other*, was eliminated from this analysis.

Secondly, the individual groups religious (n=49), spiritual (n=38), religious/spiritual (n=9), atheist (n=12), agnostic (n=20), and other (n=21), were organized separately and an analysis of variance was calculated for each subscale. The results are shown in Tables 5-12, pp. 31-38.

When the combined religious/spiritual and atheist/agnostic groups were analyzed, the calculation showing statistical significance was the subscale which measures role limitations due to physical functioning (Role Physical) in which the atheist/agnostic combined score was higher (87.5), indicating better functioning ($t = 2.86$, $p<.005$), as compared to the religious/spiritual group's score of 65.0.

Table 3

Distribution by Combined Religious/Spiritual and Atheist/Agnostic Categories

MEAN

	Religious/Spiritual (n=96)	Atheist/Agnostic (n= 32)	t	p
Physical Functioning	66.5	69.0	0.44	n.s.*
Role Physical	65.0	87.5	2.86	p< .005
Role Emotional	72.3	80.1	0.99	n.s.
Bodily Pain	71.3	73.7	0.41	n.s.
Vitality	57.3	65.6	1.83	n.s.
Mental Health	76.1	76.7	0.15	n.s.
Social Functioning	79.2	87.5	1.59	n.s.
General Health	66.6	66.9	0.08	n.s.

*n.s. = no statistical significance

The lowest score for both combined groups was found in the subscale measuring fatigue and energy level (Vitality): 57.3 for the religious/spiritual group, and 65.6 for the atheist/agnostic group. The scores for Mental Health were nearly identical for both groups: 76.1 and 76.7 for the religious/spiritual and atheist/ agnostic groups respectively. The scores for General Health were even closer, at 66.6 for the religious/spiritual group, and 66.9 for the atheist/agnostic group.

When the groups were analyzed separately, there was a difference at a significance level of .05 in the mean scores for role limitation due to physical functioning for the agnostic group (see Table 7, p. 33). The mean scores were 90 for the agnostic group, and 83.3 for the atheist group, compared to 67.7 for the spiritual group, 63.7 for the religious group, and 61.1 for the nine subjects who identified themselves as both religious/spiritual. In the subscale Mental Health, the spiritual and atheist groups were nearly identical with scores of 78.7 and 78.6 respectively.

When the religious and spiritual groups were compared to one another, a consistent non-significant trend toward higher scores was found in the spiritual group. With the exception of the subscale for Vitality, the mean scores of the spiritual group were higher than those of the religious group in all subscales (Table 4, p. 30).

Table 4

Mean Scores for Religious and Spiritual Groups

	Religious n=49(32.9%)	Spiritual n=(38%)
Physical Functioning	63.1	70.1
Role Physical	63.7	67.7
Role Emotional	67.9	77.6
Bodily Pain	70.4	73.2
Vitality	59.3	56.6
Mental Health	74.3	78.7
Social Functioning	80.1	80.5
General Health	66.5	67.1

Table 5

ANALYSIS OF VARIANCE:
PHYSICAL FUNCTIONING
(high score indicates better functioning)

Religious Identification	n	Mean	Standard Deviation
Religious	49	63.1	30.3
Spiritual	38	70.1	23.8
Religious/Spiritual	9	69.4	28.3
Atheist	12	63.3	31.4
Agnostic	20	72.4	23.9
Other	21	62.7	28.3
Total	149	66.5	27.5

Table 6

ANALYSIS OF VARIANCE:
SOCIAL FUNCTIONING
(high score indicates better functioning)

Religious Identification	n	Mean	Standard Deviation
Religious	49	80.1	25.8
Spiritual	38	80.5	25.7
Religious/Spiritual	9	69.1	33.8
Atheist	12	86.5	22.7
Agnostic	20	88.1	22.3
Other	21	83.9	27.4
Total	149	81.7	25.8

Table 7

ANALYSIS OF VARIANCE: ROLE FUNCTIONING (PHYSICAL)
(high score indicates better functioning)

Religious Identification	n	Mean	Standard Deviation
Religious	49	63.7	42.3
Spiritual	38	67.7	39.3
Religious/Spiritual	9	61.1	46.9
Atheist	12	83.3	34.2
Agnostic	20	90.0	24.8*
Other	21	66.1	41.0
Total	149	70.0	39.6

* significance level .05

Table 8

ANALYSIS OF VARIANCE: ROLE FUNCTIONING (EMOTIONAL)
(high score indicates better functioning)

Religious Identification	n	Mean	Standard Deviation
Religious	49	67.9	41.2
Spiritual	38	77.6	35.2
Religious/Spiritual	9	74.1	43.3
Atheist	12	72.2	44.5
Agnostic	20	84.9	33.3
Other	21	72.1	39.9
Total	149	74.0	38.7

Table 9

ANALYSIS OF VARIANCE: MENTAL HEALTH
(high score indicates better functioning)

Religious Identification	n	Mean	Standard Deviation
Religious	49	74.3	22.1
Spiritual	38	78.7	15.1
Religious/Spiritual	9	75.1	14.9
Atheist	12	78.6	16.2
Agnostic	20	75.6	21.2
Other	21	78.0	15.4
Total	149	76.5	18.4

Table 10

ANALYSIS OF VARIANCE: VITALITY
(high score indicates more vitality)

Religious Identification	n	Mean	Standard Deviation
Religious	49	59.3	21.3
Spiritual	38	56.6	24.8
Religious/Spiritual	9	49.0	28.8
Atheist	12	65.4	17.7
Agnostic	20	65.7	18.6
Other	21	59.4	20.9
Total	149	59.4	22.1

Table 11

ANALYSIS OF VARIANCE: BODILY PAIN
(high score indicates lack of pain)

Religious Identification	n	Mean	Standard Deviation
Religious	49	70.4	27.8
Spiritual	38	73.2	30.2
Religious/Spiritual	9	68.8	30.5
Atheist	12	65.6	28.4
Agnostic	20	78.5	23.3
Other	21	72.7	22.4
Total	149	72.0	27.2

Table 12

ANALYSIS OF VARIANCE: GENERAL HEALTH

Religious Identification	n	Mean	Standard Deviation
Religious	49	66.5	19.3
Spiritual	38	67.1	19.5
Religious/Spiritual	9	64.8	23.4
Atheist	12	64.5	19.9
Agnostic	20	68.3	17.4
Other	21	77.6*	15.7
Total	149	68.2	19.0

* indicates significant difference at .05

Discussion

The thesis, that older adults with a defined health care problem who identified themselves as spiritual, or spiritual and religious, would have better quality of life and well-being regardless of function as measured by the SF-36 was upheld by the findings. Since there was a statistically significant difference between the combined groups in ability to carry out their usual activities as measured by limited role functioning due to physical problems (Table 3, p. 27), we would expect finding a corresponding degree of difference in other subscales. However, this was not the case. Despite significantly lower scores on that measure, (65.0 compared to 87.5 for the atheist/agnostic group) the religious/spiritual group had virtually the same level of mental health and perception of general health as the atheist/agnostic group who were much better able to carry out their usual activities, doing what they wanted to do. This is consistent with findings from other studies measuring mental health and spiritual well-being. In a study of 30 women 65 and older who had broken hips, Pressman, et al. (1990) found that those who were religious walked sooner, and were less depressed. Koenig has also reported that the religious copers in the Durham V.A. Mental Health Survey (n=1011) were less depressed than the non-religious (1994, p.179).

This would seem to indicate a level of well-being, *despite* limitations in function, that supports the hypothesis that those who identify themselves as religious or spiritual would report a better quality of life and well-being, regardless of function.

The higher scores in mental health and general health perception among the religious/spiritual group in spite of compromised physical functioning and the presence of bodily pain and fatigue is indicative of coping behavior consistent with findings from other studies (Mangione, et al., 1993; Koenig, et al., 1992). In a study of 850 subjects with medical problems, Harold Koenig found consistently higher coping behavior among those who were identified as religious by his Religious Coping Index (Koenig, et al., 1992).

The non-significant trend toward higher scores in the spiritual group as compared to the religious group in the present study suggests that more discrete measures of spirituality and religious behavior would be beneficial in determining relationships between spirituality , health, and well-being. Studies which combine measures of spirituality and religious behavior are one approach. However, given the evidence that people who are religious, or spiritual, or both, exhibit better coping, clearer distinctions between religiosity and spirituality are necessary. Research that includes quantitative and qualitative measures would be helpful in this regard, as David Moberg has suggested (1995). Since the elderly are more likely to experience physical disability and chronic health problems, facilitating their experience of a viable religious and spiritual life is critical. That effort can be facilitated by taking into account their changing physical capacities, and their changing orientation from *doing* to *being*.

However, if we are to take a truly holistic approach to pastoral care and counseling seriously, we need to explore the theological perspectives that have influenced our attitudes toward bodies, as well as the form and content of religious

belief that becomes lived experience. Theological presuppositions of the Judeo-Christian tradition regarding the relative value of the body, as distinct from the soul or mind, have historically exerted an undue influence on how Christians have perceived, and thus experienced, their bodies (Miles, 1989). In order to redeem the perception and experience of the body in ways that support health and healing, uncovering a theology that can hold up the goodness of whole persons becomes critical. The structure of our beliefs and faith-knowing exerts a powerful influence on our spirituality, our religiousness, and our ability to apply theology to our life situaltion.

The following two chapters will examine the ways in which well-being is either enhanced or inhibited by theology and religious beliefs about the body, and religious practice and spiritual experience that is shaped by those beliefs.

Chapter 3

Embodied Spirit: The Foundation of Wholeness and Healing

I came that they might have life, and have it abundantly
John 10:10, NOAB

As we move toward a clearer understanding of the influence of the body-mind-spirit connection, the relationship of theology to belief and behavior is becoming more apparent. Studies which have traced the impact of prayer or meditation on stress responses, for example, clearly demonstrate the healing potential of an active spiritual life (Levin, 1996). Such efforts have pointed to the critical nature of the person's *belief* in the power of prayer, which have allowed a positive behavioral response. It is clear that belief precedes behavior. Likewise beliefs about God and one's experience of illness in the body can have a decidedly negative influence, as is the case with those who believe that God is punishing them -- or that God has intended that they should suffer.

Such assumptions have their roots in traditional theological presuppositions which may be little known, much less understood, by the faithful. Many of those beliefs have at their center basic assumptions about bodies: their goodness or badness; the relative goodness or badness of women's or men's bodies; and the meaning of the body in one's own life experience. Clearly, theology has a critical contribution to make in the body-mind-spirit discussion; what *kind* of contribution will be forthcoming depends on what kind of theological assumptions are implicit in our

faith-knowing. Here we will explore the relationship of theology to attitudes about the body, and discuss the implications of an holistic theology for spirituality, wholeness, and healing. Ultimately, all we experience of God, we experience in our bodies.

First, the development of theological positions on the body will be explored from both biblical and historical perspectives. Secondly, the influence of those positions on how the body has been perceived will be reviewed, and thirdly, an holistic theology will be proposed, supported by contemporary arguments from James Nelson's body theology (1992) and Sallie McFague's organic model (1993).

Theological Positions on the Body

The theology that underlies assumptions about bodies, minds, spirits, health and healing, may be hardly known to, much less understood by, the people on whom that theology exerts a powerful influence. Decisions about what is right or wrong, good or bad, fit or unfit are based on the presuppositions of systematic theology, from which our ethical vision is derived; systematic theology pushes us back farther into interpretations of biblical theology, on which our systematic understanding depends. Attitudes toward belief and /or behavior that are in conflict with one's prevailing cultural understanding of what constitutes good, or right, or proper religious belief, powerfully influences the potential for a full and viable spiritual life

The assumptions about bodies that have filtered down through centuries of political aims, pragmatic goals, and philosophical convictions often bear little resemblance to the liberating word of the gospel -- or the revolutionary acts of Jesus. Unpacking the theological positions that have evolved from a particular reading of

critical biblical sources, and reviewing the relationship of the sources to historical contexts, allows a reappraisal of the impact that theology has on how we experience our embodied selves.

Over the past 20 years, a number of biblical texts which have supported patriarchal domination and the denigration of women have been re-evaluated by feminist theologians who have sought to uncover, and recover, the biblical message for women. In the process, they have identified texts which have not only had a detrimental effect on women, they have revealed the bias against women's bodies, and bodily functions, in particular. The texts have solidified an understanding of women which has historically served the Judeo-Christian political world. The vestiges of that ancient thought remain. The texts may have been used to support domination and subordination, as political prerogatives, and associated women's bodies with evil in particular. But they have had another, equally damaging effect; they have undermined the goodness and integrity of the body in general.

It has been nearly 20 years since Old Testament scholar Phyllis Trible (1978) introduced her now familiar reconstruction of Genesis 2-3 -- the story of Adam and Eve. On the brink of the feminist movement in biblical scholarship, Trible tackled the arguably single most influential text in women's history -- the assignment of blame for sin and suffering. Using rhetorical criticism as her method, she unpacks the text to expose and refute specific stereotypes that she unmasks as not only inaccurate, but absent from the text itself:

> woman tempted man to disobey and thus she is responsible for sin in the world;

> woman is cursed by pain in childbirth; pain in childbirth is a more severe punishment than the man's; it signifies that woman's sin is greater than man's;
>
> woman's desire for man is God's way of keeping her faithful and submissive to her husband;
>
> God gives man the right to rule over woman (1978, p.73).

The stereotypes of Eve as representative of sin, evil, and the fall have pervaded the cultural consciousness of the Judeo-Christian tradition, in ways that are probably immeasurable. The ramifications of the assignment of sin , disobedience, and the fall to woman are obvious; less available for refuting are the subtle associations of woman -- body -- sex -- childbirth -- evil. Sexuality was associated with Eve, sexuality was associated with sin, and sexuality was associated with women's bodies; the presumption of sexuality was as the obvious precursor to childbirth. Therefore women's bodies are a source of shame. Because of the punishment -- pain in childbirth --that most extraordinary moment of a woman's experience in and of her body, bringing a child out of her body into the world, becomes an archetypal reminder, theologically, of evil and shame.

Stemming from women's child-bearing function, which no doubt precipitated awe, even fear in the ancient world, Old Testament proscriptions against contact with menstruating women, and women during and after childbirth set women and their bodies apart - as contaminated, polluted, defiled, dirty. The so-called holiness code in Leviticus serves to reinforce the notion of shame and pollution (Lev.11-15). Even the details of the proscriptions themselves reinforce misogyny; if a woman delivers a male

child, she is unclean for 33 days; if she delivers a female child, she is unclean for 66 days (Lev.12: 4,5). Either touching her, being touched by her, or being in her presence is a source of impurity. Her separation from the community and the sanctuary during her purification is necessary to prevent the defilement of both people and place.

The eventual developments which lead to the separation of mind and spirit (male) from body and nature (female), all are fueled, theologically, from these early texts. The denigration of the bodily functions (menstruation and childbirth) becomes the denigration of the body itself. But at the same time, there exist along side those texts, others which uphold and celebrate the body. The Song of Songs is filled with detailed accounts of what is good of sensuality (Trible, 1978). And the later prophets employ images for God that identify the deity with childbearing, redeeming that awe-ful function; the image of God as mother is itself redeemed (McFague, 1987).

One of the most critical aspects of the revolutionary stance of Jesus, in the gospel accounts, is his attempts to overturn the old proscriptions. Jesus touches bodies, feeds bodies, heals bodies, and most importantly for our discussion, is not repelled by women's bodies, in relationship to women who are either followers, or disciples. Rather, Jesus celebrates the goodness of bodies. He turns water into wine, he feeds people who are hungry, he touches those who are defiled, and he overturns the prototype of woman as "eve-il" by his interaction with women.

Denigrating and separatist attitudes toward, and laws prohibiting contact with, women are overturned by Jesus. His relationships with women, viewed in the

context of his time and place, make his encounters with women astonishing in addition to being forbidden. Women are among the first to be liberated by his reframing of what God requires, illustrated by his encounters with the woman with a hemorrhage (Mark 5:25-34); the Samaritan woman, who was not only a foreigner, but who was living with a man who was not her husband, which according to Jewish law made her unclean (John 4: 7-30); his relationship with Mary, the sister of Lazarus, who anoints his feet with ointment and wipes them with her hair (John 12:3); and especially his relationship with Mary Magdalene (Luke 8:2; John 20:11) from whom, Luke tells us, 7 demons had gone out, conjuring up images of the 7 deadly sins.

The picture of the woman who had been a sinner in Luke 7:37, washing Jesus' feet with her tears, kissing them, and drying them with her hair juxtaposes the symbol of sexual license and shame (her uncovered, unbound hair) with the most exposed, dirty part of his body (his feet). This act of intimacy cleanses his body, and redeems hers; both are refreshed.

While the gospel accounts of Jesus' relationships to bodies are revolutionary, liberating them from punitive laws, the subsequent letters of the Pauline corpus and later epistles begin to reinstate the old, long-held Judaic traditions, now embellished and reinforced by the cultural context of the first century. Paul's ambivalent stance toward women (who represent the archetype of body and sin) renders his positions and texts open to interpretations that can be either salvific or demeaning. Although Paul's injunction against marriage and fornication and his preference for celibacy may have been more related to the situation in the world and the hoped -for second coming

he set the tone for interpretations and beliefs about celibacy and asceticism that were to have far reaching implications for the life of the church, and for how bodies were perceived. The primary association of body with sex was now solidified. The injunction to women to keep their head covered reinforces the Judaic belief that uncovered hair signaled sexuality, and therefore shame (Miles, 1989, p. 30). It was the *hair*, rather than the head, that was offensive; offensive in the sense that it had become a symbol of man's sexual response to long, unbound hair, and an indication of women's lack of control -- hence availability. Thus the projection of blame for man's unwelcome, or forbidden sexual desire comes to rest squarely, actually, on woman's head. Women become responsible for forbidden desires; Adam and Eve revisited. Once again, women become identified in negative ways with the body, and the body is imbued with sin. The impassioned declaration of freedom in Gal. 3: 28, " there is no longer Jew or Greek, there is no longer slave or free, there is no longer male and female; for you are all one in Christ Jesus," becomes selectively ignored and irrelevant.

New testament scholar Elizabeth Schussler-Fiorenza (1983, 1984) has applied what she calls a "feminist critical hermeneutics" (1983, p. 3) to texts which have had a detrimental effect on both women and men. She unravels the complex interplay between historical and political forces that produced some of the most difficult texts in the New Testament, particularly the Household code trajectory of Colossians 3: 18-4:1, and Ephesians 5: 22-6:9 (p.70ff). Her lucid discussion of the historical and political situation which may have provided the impetus for these texts lifts the

household code out of biblical authority into the Aristotelian realities of ancient Greece and the political realities of ancient Rome. But she does not deal with the wording of the text which has resoundingly damaging implications, particularly because the text is it stands is so often used to justify *corresponding* relationships; husband to wife, master to slave, father to child. In Eph. 5: 22, 23 we read:

> Wives, be subject to your husbands as you are to the Lord. For *the husband is the head of the wife* just as *Christ is the head of the church, the body of which he is the savior* [italics added] (NOAB).

Two observations will illustrate the point. First, the meaning of *head* as leader in the first part of the verse (the husband is the head of the wife), is confounded by the use of the word *head* as leader in the second part of the verse (Christ is the head of the church), followed by the allusion to the body (the body of which he is the savior), giving the word *head* a double meaning in the second instance. Head now means leader *and* physical head in relation to the body. Secondly, the juxtaposition of the double meaning in the second clause falls back on the first clause by means of the words *just as*, thus implying that the husband is the head (leader) of the wife, and is the head (physical) in relation to her body. In this instance, form may have had a more profound influence than content on how we see, and experience our bodies, alone and in relation to one another. The patriarchical relationship between women and men reinforces the dualism of mind and body that assigns mind to men, and body to women.

The revolutionary impact of the gospel message had begun to disappear before the end of the first century, and by the end of the second century, the movement had

reverted back to the Judaic assumptions regarding women. The Biblical message and the cultural context converge in support of subordination, separation, and denigration, even reinforced in reaction to the equal status of women as disciples that had been conferred by the earliest days of the movement (Schussler-Fiorenza, 1983).

The impact of the misogyny that gradually became so pervasive in the early church has been carefully explicated by a number of feminist writers (Haskins, 1993; Miles, 1989; Noddings, 1989). Susan Haskins has carefully documented the metamorphosis of Mary Magdalene down through centuries of ecclesiastical interpretation by tracing images in the writings of the early fathers, art, and literature. The references to Mary Magdalene, Mary the sister of Lazarus, and the sinful woman who washed Jesus' feet in the gospels become somehow amalgamated, converging in the myth of Mary Magdalene as the repentant whore from the 6th century on (p. 24).

As the figure of Mary Magdalene as the "apostle to the apostles" recedes and becomes mythologized as the second Eve, the figure of Mary the mother of Jesus grows in stature and becomes venerated as the Virgin Mary. The contrast in their naming is inescapable; the flesh and the spirit: the whore and the Virgin. From the second century on, the growing asceticism in the church , encouraged celibacy and virginity as Christian ideals. In orthodox Christianity, two roles were acceptable for women: virginity, or motherhood (Miles, 1989, p. 67). The choice for women was to either not feel, or feel pain.

Wholeness of the body (virginity) was commended as purity of soul (Noddings, 1989, p. 41). Asceticism meant that not only must the female bodies be

avoided, but bodies themselves must be denied. A viable spiritual life meant abnegation of the body itself. To be set apart, holy, was to renounce the sensations of the flesh, the senses of the body; hence abstinence from whatever was the source of sensation was extolled, whether sex, food, drink; even, ironically, the pleasure of cleanliness.

By the time of the Reformation, flesh was effectively separated from spirit, paving the way for the stringent limitations in the Calvinist tradition. In a little book that is standard denominational material in my own tradition, the Presbyterian Church (U.S.A.), we are indoctrinated (albeit through apparently harmless historical observation) to understand that according to Calvin:

> Christian worship receives its distinctive character from the word of God and from the fact that God is entirely spiritual and nonmaterial. Worship is the united act of a disciplined congregation receiving God's word and giving itself to God in praise and obedience. *The emphasis is on mind and conscience and away from symbols and appeals to the sense s*[italics added].
> (Loetscher, 1978, p. 27)

Immanence, rather than incorporating incarnation or being grounded in it, is equated with the inner life -- spirit becomes equated with psyche rather than embodied as soul.

The Influence of Theological Positions on the Body

It has been suggested that it was not philosophy that marginalized the flesh - but rather the sexism of Christian societies (Miles, 1989). The idea of sexual danger, may simply reflect the hierarchy or symmetry which can be applied to any social system, in order to separate dirt from disorder (Douglas, 1966). Holiness, which in Hebrew means to be set apart(kadosh), is literally interpreted and operationalized in

the Judaic tradition by separation of women (whose bodies are polluted, and therefore unclean) from men. So the sacred comes to be associated with men (and mind), the profane with women (and body).

Margaret Miles sees from an historical perspective the evolution of initiatory practices that come to be associated with the ritual of baptism as it developed in the early church. As the rite becomes more complex, the association with water as a means of purification of a polluted body becomes more pronounced. What is prohibited reveals that which is regarded as profane; sensual, sensory, bodily experiences. Ultimately, preparation for baptism requires fasting, and abstinance from all sexual activity. The body is prepared to be born again - renouncing the pleasures of the flesh.

The initiate is submerged naked (as from the womb), immersed in (pure) water, and clothed in pure white linen afterward (Miles, 1989, pp.40-41). The contrast with the labor, pain, and blood of childbirth is inescapable. Thus baptism becomes subtly but inescapably associated with the transition from the contamination of the body and the purity of the spirit. Women delivered babies in childbirth awash in blood; men delivered the initiate in the baptismal waters, to be washed clean. Once again, the underlying assumption is that the body is unclean. That assumption in turn reinforces the unconscious association of bodies with women, and so with what is profane.

Sallie McFague, arguing for a model of God as birthgiving mother, has observed that the "model of God the mother derives its power from the great symbols

of life and of life's continuity: blood, water, breath, sex, and food" (McFague, 1987, p. 105). Here she discusses Christianity's reluctance to use birth images -- which are at the symbolic center of every religion -- to speak of our connection with the earth -- with physical existence. Rather, the images are used to hold up and celebrate our second, or spiritual birth, as in baptism with water. Under the guise of spirituality (spiritual rebirth), a relational, experience is replaced with an essentially cognitive explanation for a powerful life force, and reinforced through ritual.

Reclaiming the Body for Holistic Theology

What is defined as deconstructive-postmodern political philosophy is an attempt to eradicate (deconstruct) the influence of dominant groups within society whose own interests are understood to be masked as the "norm" -- thereby excluding marginalized groups, such as women, African-Americans, Asian-Americans, Hispanics, and homosexuals (Spretnak, 1991, p.157). The forces that have led to deconstructionist approaches in literature, philosophy, politics and the arts have left their mark on theology as well. Here, of course, the label of patriarchy defines the dominant group, making gender issues in the debate inevitable. James Nelson defines the current interpretive debate as occurring between *social constructionism* and *essentialism*. In this context, social constructionism is comparable to deconstruction; both are concerned with symbolic interaction that is culturally determined. Essentialism, on the other hand, takes the position that things (e.g. a work of art) or bodies have an essential and intrinsic nature, apart from what one believes or thinks or experiences in regard to them (1992, p. 46).

Deconstruction is a somewhat gentler process in theology than in other disciplines; reconstruction begins before the dismantling is complete. The feminist and liberationist theologians of the past twenty years have had a profound impact on how we "do" theology. And although their efforts were no doubt motivated by an impetus toward greater justice for the marginalized other they have succeeded in usurping the cognitive seat of the church's destiny. The demands to have the contributions of those groups, along with their ways of knowing and practicing religion, included in the theological arena has had the serendipitous benefit of introducing rich alternatives into religious experience for all.

Feminist systematic theologians have expanded their argument to include nature itself. Ecofeminism is a recent development that seeks to recover the integrity of nature -- and our relation to it. Rosemary Radford Ruether in what she calls an ecofeminist theology of earth healing (1992), outlines the changes in philosophy as well as theology that sought to bridge the gap between spirit and body (or matter) that flowed from the Christian attempt to blend Hebrew and Hellenistic traditions. The quest for a philosophy of nature that holds matter and spirit together was continually beset by essentially Christian attempts at reconciliation of the two. The Hegelian attempt to solve the problem by outlining a dialectical process of thesis (spirit), antithesis (material expression), and synthesis (matter-spirit union), which then became the new thesis has become the process which is repeated over and over in theology in particular, as the attempts to hold opposing forces in tension result in

successive, alternating foci. The focus on either matter or spirit will inevitably be followed by a corrective focus on the other (Ruether, 1992, p. 239).

The danger of deconstruction in its most extreme form is the tendency to repudiate Christianity itself; the particular attributes of the man Jesus of Nazareth obliterate the symbolic power of the Biblical Christ. A return to "pure" origins reaches back behind the God of the Hebrews to the goddess religions of the ancient near east (Christ, 1987; Gadon, 1989). This return to the goddess becomes equated with reclaiming a spirituality that is earthy, sensual, sensory.[1] Such an approach is merely reactionary, rather than revolutionary, and is wrong-headed on two counts. First, it commits the very mistake it seeks to eradicate; rather than reclaiming a balanced view of human spirituality that encompasses body/mind/spirit for all, *both* women and men -- this approach actually reinforces the very stereotype of woman that sees the sum of her worth in bodily function. Secondly, the underlying assumption that confuses spirituality with sexuality, rather than a passionate, earthy sensuality, unwittingly belies a patriarchal bias: that the primary function of the body is sexual. The writings of the great Christian mystics -- Dame Julian of Norwich or Hildegarde von Bingen, for example -- are testimony to the variety of forms spirituality and passion can take.

For some, spirituality as embodiment has more important ramifications for relationship between self and other, and self and the earth. Charlene Spretnak, who has

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[1] For an alternative view of the role of the goddesses in the ancient near east, see Frymer-Kensky (1992).

championed the political gains of the women's movement in religion, articulates a view that is commonly held in current understandings of spirituality that pits traditional Christianity (as it has been socially constructed, to use Nelson's language) against more relevant forms of religious expression, such as Native American, Buddhist, and Goddess religion:

> There is a communal concern for well-being in Goddess spirituality. . . active care for personal, familial, communal, cosmic embodiments grows from spiritual practice that encourages awareness of the web of life. (Spretnak, 1991, p. 158)

Just as feminine *labels* for God obscure the focus of the feminine *attributes* of God, so a feminist insistence on goddess spirituality detracts from the need for appropriation of models of God that are whole -- that maintain the tension of opposites, never presuming to capture the essence of the divine in it's ineffable totality. The return to Goddess spirituality reflects a hunger for the tangible, the earthy, the sensual and sensory -- the good gift of the body that lives, masked and ignored, in the Christian tradition as well.

The focus on Christology that characterizes the theology of so-called reformist theologians such as Sallie McFague (1987, 1993) and Rosemary Radford Ruether (1983, 1992) protects against the pantheism and animism that characterizes much feminist writing on spirituality celebrating embodiment and nature. Both McFague and Reuther reach back behind Cartesian dualism to reclaim a reconstruction that rightfully belongs to the tradition that began long before the sixteenth century. They encourage us to hold up and celebrate aspects of our Christian tradition that not only

encourage an active, sensory spirituality, but demand it. Jesus was concerned first and foremost with bodies; feeding them, healing them, making people whole. We can lay claim to a model which celebrates embodiment; that becomes the central task of reconstruction that is concerned with shalom -- well-being. Reconstruction involves reclaiming the holistic nature of persons which manifests a more complete anthropology, one that embraces embodiment, and that has at its center a more complete Christology -- that encompasses the full meaning of incarnation.

The current efforts to uncover a theology that takes into account neglected parts of our religious heritage all inevitably trace the historical and political contexts from which theology itself arises. The perspective defined by some as ecofeminism (McFague, 1987, 1993; Ruether, 1992; Spretnak, 1991), and by others as creation spirituality (Fox, 1983) seeks to reclaim the connection of human beings to the earth; first, by addressing pressing environmental concerns and our proper response to them, and second, as a way of holding up disregarded aspects of our humanity -- our bodies. By so doing, the long trajectory of cognitive religion that has discouraged sensory expression is challenged by what Sallie McFague calls an organic model, and what James Nelson (1992) calls , somewhat more succinctly, body theology.

In the early stages of the feminist theological movement Carol Christ wrote in *Diving Deep and Surfacing* that

> though the danger of simply reversing the old dualisms will remain as long as women simply react...against their historic subordination and its rooting in the classic dualisms, I like to think that women's celebration of the body, nature, feeling, and intuition is the first stage in an attempt - which surely cannot be fully successful on the first try - to move toward a more whole way of thinking. I like to think that in this new mode of thinking, the body, nature, emotion, and intuition will be affirmed, but also reason, freedom, and the spirit will not be

> left behind. I like to think about spiritual insights arising from connection to the body and nature, to imagine forms of understanding in which the body plays a part. (1980, p. 130)

Over the past twenty years, the efforts of feminist and liberation theologians have encouraged a perspective that is mutual, rather than heirarchical, based on images of God that are centered in love and justice with, rather than over, the other, calling our attention to the symbols for God that shape our knowing as more egalitarian and inclusive. Their work has added fresh dimensions to our apprehension of God; the *content* of our faith-knowing -- symbols, images, metaphors -- has been profoundly altered to fit these new developments. The shift in focus enabling us to explore images for God that support wholeness and healing has transformed theological reflection and religious experience.

Both Sallie McFague and James Nelson have made major contributions to this "new mode of thinking." Their ultimate objectives are different, but their respective commitments to embodied spirituality converge in what McFague calls a reclaimed organic model, and Nelson's body theology. McFague's organic model, as distinct from a Cartesian, mechanistic model, serves her development of ecological theology. The focus is the earth, although she is clearly cognizant of the implications of an organic model for persons -- who live in bodies. Nelson calls for sexual healing, using homosexuality and the crisis of HIV/AIDS as a case in point, while acknowledging the critical relationship of embodiment and incarnation to the earth and the rest of the world. They both agree on three critical points, which have important implications for our discussion of spirituality.

First, they see, as have other authors cited above, the roots of spiritualistic dualism and its ramifications for our well-being as whole persons: sexual, sensual, and, we would suggest, sensory. The separation of spirit and mind from matter, or bodies, has ruptured the wholeness of people down through the centuries. Since the split has always had the support of theology, even though the precipitants have been political, or theological, another theological outlook is required -- to challenge the separation of bodies from spirits, and people from one another. Secondly, beyond the separation of body from spirit, bodies have been systematically denigrated -- and because women have traditionally had more to do with conceiving, carrying, birthing, feeding, cleaning, caring for, and tending bodies with all the contamination and dirt accompanying those endeavors -- women have themselves become identified with the feared, the forbidden, the unclean.

> "The body," Nelson says, "especially in its sexual dimensions, often evokes anxieties about mortality, loss of control, contamination, uncleanness, personal inadequacy, and a host of other fears. Thus, we sorely need body theologies that will illuminate our experience. " (1992, p. 30)

Thirdly, both authors highlight our need for a theological context for embodiment. The goal of the present study is to reunite spirituality with bodies; bodies that have senses , that hear, see, touch, smell, taste, move -- in short, to hold up and celebrate a sensory spirituality. In the organic model, bodies are basic. Jesus' activities, McFague notes, were "embarrassingly bodily" (1993, p. 170). The Christic paradigm is, for her, primarily contained within the healing and feeding stories. These active dimensions of the Christic paradigm are "the shape of the cosmic Christ given to

God's body" (p. 186). In breaking laws to feed, heal, and touch -- Jesus embodies God's will for a new creation -- lived in the very bodies that are themselves part of God's gift, God's blessing.

Knowing that is cognitive, relational, and experiential, spirituality that is taken in, and given out through the basic senses, is part of the process of the spiritual journey that makes us whole. The more we move toward the diminishment of our bodies as we age -- the more we need an embodied spiritual life that takes those changes and losses into account.

Elizabeth Schussler-Fiorenza (1984) has called for a "hermeneutics of creative actualization" which would mean retelling biblical stories from a feminist perspective, reformulating biblical visions and injunctions from the perspective of a discipleship of equals, and creating "narrative amplifications of feminist remnants that survived in patriarchical texts " (p. 21). That process of creative re-visioning can be appropriated to redefine what the body means in respect to whole persons, and can be claimed as a way of enabling and upholding wholeness, and healing, and shalom -- well-being, for all God's people. As the physical power and strength, and usefulness and health of bodies declines as people age, how rejuvinating it would be to claim the goodness of the sensory experiences that can concretize spiritual experience. In spite of the tendency to disregard the less functional body, how healing it would be to lift up and celebrate a sensory spirituality that might bring new life to old bodies.

Women's perspective, vision, redefinitions of strength, are based on life experiences rather than on the belief that they should have qualities they attribute to

men. Women, out of lived body experience have redefined what constitutes strength. In the same way, it is suggested that women have developed a new definition of wholeness, necessarily informed by living in and defined by one's body. Perhaps that insight is most powerfully known in childbirth, with its attendent demands of mothering; connecting, physically, emotionally, and socially to their offspring.

There has been a tendency in the church to separate the soul's fitness from the physical, just as medicine has separated the physical/biochemical from the psychosociospiritual. Both are crucial - and both are becoming intertwined as the interdependence of body/mind/spirit becomes more evident. The more we learn about the interrelationship of body/mind/spirit, the more each area is compelled to take the others seriously; distinctions between the designations of "soft" fields vs. "hard fields" becomes blurred. The evolution in medicine is moving from the body, to the mind to the spirit. Both medicine and nursing have become far more cognizant of the impact of spirituality on the symptom trajectory of illness, and have integrated complementary modalities with more aggressive and invasive forms of treatment. Theology, which has lately been more open to a resurgence of interest in the spiritual, and experiential, as opposed to the strictly cognitive, may be approaching readiness to pay the body its' due. If we can unmask the associations with the body that were primarily defined by fear of sexual stimulation and behavior, we can recover the tremendous potential for grace and healing that is incorporated in the senses.

Much of the fear and denigration of the body that has characterized theology for the past 2000 years has been directly related to fear of women's bodies, which at

its' core is a fear of sexuality. Articulating a sensory spirituality that can restore the beauty and grace and restorative power of the experience of taste, and smell, and sight, and touch, and hearing would be an appropriate and welcome reformation. Perhaps only bodies which are no longer physically beautiful, no longer a sexual threat, can restore a sense of balance. Perhaps the elderly can return to Eden, unashamed.

Chapter 4

Taking in the Holy: Sensory spirituality

Bach gave us God's Word
Mozart gave us God's laughter
Beethoven gave us God's fire
God gave us music, that we might pray without words.
Anonymous

Religious Experience and the Body

By the analysis of quantatative data in the present study, it has been demonstrated that people who define themselves as spiritual have a greater sense of well-being than those who do not, and it has been suggested that actualizing that spiritual life becomes a critical objective for pastoral care and counseling. The theological foundation for that spiritual life has been described as an holistic theology that takes whole persons into account. If holistic theology is to become lived out in religious experience, the expression of that experience becomes central as well.

In *Carnal Knowing* (1989), Margaret Miles examines the politics of image-making in portrayals of female nakedness in the Christian west, tracing the meanings of bodies in their social and religious contexts. Focusing on sixteenth-century visual images, she examines instances in which female nakedness is associated with sex, sin, and death (pp.145-169). She has developed a cogent argument to show that image-making in Christianity has been harmful to women, distorting their participation in

religious and political life by virtue of their gender, and their bodies, in particular.

Following those insights, we make a similar assumption here; that the association with sexuality and sin that has emanated from an association of women and bodies, has led to a diminishment of bodily, hence sensory, experience in religious expression, which has in turn inhibited religious feeling. Feeling and sensation are inextricably linked; if sensation is diminished, feeling will be likewise inhibited, or minimized. The tradition in the Christian church that has emphasized a spirituality confined to the mind, excluding the body, has led to negative associations which have more to do with political aims than religious prerogative. The systematic exclusion of women from central roles in the church has had the coincidental effect of excluding the body from playing a central role in spiritual awareness, except in those instances of aesthetic practice which inflicted discomfort and pain, in the imitation of the suffering Christ. Those practices actually stand out as a monumental paradox, producing the opposite effect of that which was intended; the feeling of pain would force an almost total preoccupation with, not elimination of, bodily sensations.

The legacy of "carnal knowing" that has historical, psychological, and theological associations is problematic not only for an holistic view of persons, but for religious experience, and religious expression as well. Teasing out the historical and theological record is not an easy deconstructive task, although feminist scholars have methodically done so (Miles, 1985, 1989; Schussler-Fiorenza, 1983, 1984; Ruether, 1983, 1992; McFague, 1987, 1993). While Christian beliefs have often prevented a healthy appropriation of the goodness, well-being, and healing power of the body, the

psychological ramifications of a tradition that denigrates the body is perhaps more destructive in what it allows than in what it prohibits. Much of the violence within families in this culture can be traced to interpretations of possession, submission, and obedience within Biblical theology that justifies abuse of bodies. Recovering the possibility of sensory experience that celebrates wholeness is a necessary reconstructive task for healing individuals and the church as a whole.

While sensory experience accompanying religious feeling was found in hearing (music) and seeing (visual images) up until the Protestant reformation, the history of sensory experience since that time has suffered from a lingering reluctance to unseat the primacy of the Word with other distractions. That development, at that point in time, must have been refreshing. Miles notes that the experience of the Protestant communities in "whitewashed churches and lecture halls" had more to do with content than form: the rejection of visual distractions in the form of a hierarchically ordered universe (1985, p.123). Such an assessment is an example of the change in symbols and patterns of behavior that accompany a major paradigm shift. Our own dearth of sensory spirituality, is evidenced by the minimal use of the visual arts and music in many Protestant churches, although our understanding of the critical function of symbol for religious experience is well documented. (Eliade, 1958, 1985; Jung, 1964, 1968; Tillich, 1957, 1959).

Paul Tillich provides a succinct typology for the characteristics of symbols:

a symbol points beyond itself;

it participates in the reality it represents;

it opens up levels of reality otherwise closed, as in works of art;

it opens up dimensions of reality that correlate with the spiritual;

it cannot be produced intentionally; and

it cannot be invented (1957, p.42-43).

Symbols are not only necessary for our growth toward individuation; symbols are necessary to transform and express the unconscious inclinations which threaten the integrity of the person and the group. The symbols which arise out of every historical context are shaped and formed and recognized by the people for whom they become operative; arising, not consciously, but always out of the collective unconscious (Eliade, 1985, p.106). The archetypes on which imagination depends are themselves dependent on symbols for their form and expression. Carl Jung spent the better part of his life exploring and relating the importance of symbols for the psychological integration of individuals and cultures. One major contribution from that work is his understanding of archetypes of wholeness, expressed most concretely in mandela images. Jung reminded us of the power of the symbol of the mandala -- and its' capacity to mediate wholeness and healing. His own symbolic life was centered around images of wholeness -- in his work, in his house, in his paintings.[1]

These circular images become symbols of wholeness, completion, seen in remarkable consistency in the natural world, and appearing in constructions of religious awareness, as in the Native American sacred hoop, or the rose window of

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[1]See especially Jung (1961, 1979). The works that provide overview and reflection back on his life and work are particularly insightful.

Notre Dame. The mandela is a representation of "the self, the wholeness of the personality, which if all goes well is harmonious." (Jung, 1961, p.196) The mandela becomes a symbol of the wholeness of the self, the goal of individuation. His further thinking on the typologies of the self, as thinking, feeling, sensing, and intuition extend the image of wholeness to it's lived possibilities, in bringing the less used (inferior) aspects of the personality into alignment and harmony with the more dominant traits. Wholeness then becomes the possibility of moving toward balance as we grow. This he saw as particularly the case as people age (1933,p.108).

Methodological Concerns

Our issues with wholeness extend here to methodological concerns about form as well as content. Potential solutions to problems are limited by the perspective that defined the problem in the first place. Any holistic analysis with which we attempt to be inclusive of body/mind/spirit necessitates using methods in that analysis that take a variety of perspectives into account. Nelson believes that holding both constructionist and essentialist perspectives together is essential for a holistic perception of what he calls "bodyself" (Nelson, 1992, p. 48). We require more than one method for an understanding of how theology informs ethics, how what we think forms how we act, and how what we know influences what we feel. Spirituality that is embodied, that allows us to be fully human, is molded and shaped by the structure and process, the form and content, by which we apprehend the life of faith; it becomes theology as lived experience. Structural developmental theorists, especially James Fowler (1981; 1987), have endeavored to explicate the structure by which faith is known,

experienced, and expressed. His theory of stage-based development in the journey of faith has been an important contribution to the debate over differing theological perspectives of structure and process. There has been less concentration on content and form. All aspects of experience are assumed to be essential to the whole, but all aspects may not function equally well. The ways in which we interpret the world, the symbolic reality that is operative for any given person, at a given point in time, may suffer as a result of diminishing physical capacities, unavailable or inaccessible forms.

The *structure* (stages of faith development) on which the *process* (spiritual journey) depends, is determined by the *content* (symbols, images, metaphors) that *form* (discursive or presentational) supports. Form is both internally and externally determined; internally by individual proclivities such as the capacity for abstract or concrete knowing, auditory, visual, or tactile preferences, and sensory function. Externally, form is influenced by limits and boundaries that are set by formal religious organizations, family mores regarding religious practice, and the extent to which the individual has had access to varieties of presentational as well as discursive expression.

The elderly have changing capacities of sensory function that alter the structure and process of faith-knowing. An active spiritual life, as informed by holistic theology, depends on the senses -- rarely acknowledged and celebrated except through religion and the arts. And those encouraging the use of the arts may focus on the intrinsic(or essentialist) value of the art form itself, rather than appreciating the power of the experienced form for an individual. Although deconstructionists, or self-

defined poststructuralists would insist on the former (there is no referent, or universal truth or significance, but only culturally determined perspectives), an holistic approach would insist on both. Both subjective and objective reality shape and inform what we can know and describe of experience.

Older adults, who know loss of friends and family, work and relevance, also know loss of hearing, sight, taste, and touch and smell. They know how the loss of bodily, sensory function diminishes their lives. As small children grow and become intrigued with their growing body's inclinations, so do we, as we age, become preoccupied with our body's failure to thrive. Nourishing the inward journey, with available and accessible sensory spirituality opens up new possibilities of awareness and appreciation of life.

Faith knowing that is viable and thriving requires forms of expression that can not only appreciate these changes, but compensate for them. Some sectors of the reformed tradition, with subtle iconoclasm, have exacted a price for the idolatry of the word. Reclaiming and recovering a relevant spirituality is critical; if our sensory sensibilities cannot be nurtured in the religious tradition - we are lured elsewhere. Joseph Campbell has observed that since the victories of Luther, Melanchthon and the Augsburg Confession of 1530, the varieties of the Christian tradition have moved from a dominant to subordinate position in the world - while elsewhere in literature, secular philosophy and the arts the structuring force of the civilization is produced by creative mythology:

> it corrects the authority holding to the shell of forms produced and left behind by lives once lived. Renewing the act of experience itself, it restores to existence the quality of adventure, at once shattering and reintegrating the

> fixed, already known, in the sacrificial creative fire of the becoming thing that is no thing at all but life, not as it *will be* or as it *should be*, as it *was* or as it *will be*, but as it *is*, in depth, in process, *here and now*, inside out. (Campbell, 1968, p. 7)

There are marked similarities between examining a Biblical text, a piece of art, or a theological position. Present circumstances are explored considering history, what it meant when it was created, taking into account environmental influences as well as internal attributes; and examining what it means in a given instance, to a particular individual. Such an holistic approach could facilitate the changing spiritual life persons as a way of actualizing wholeness in relation to self, to God, and to other, made manifest in mutuality. The injunction of Jesus to do unto others as we would have them do unto us includes how I treat mySelf, how I live an existence that is actualized: visible, palpable, audible, spirit-filled; a soul-full life. Embodied spirit then becomes the foundation of wholeness and healing -- and the heart of well-being. In the process of reclaiming the integrity of the whole body -- we flesh out the fears of carnal knowing and recover the sensibility to what is a good and gracious gift.

Women's differing ways of knowing give us a place to begin, in the search for a hermeneutic of wholeness in exploring content and form that can support changes occurring with aging. Women often need to experience and offer ways of knowing which are relational and presentational as opposed to rational and discursive. They may offer some clues to the differences in knowing that become germane for older adults. Faith knowing changes as the person changes; as Jung has shown by his work with changing personality types in the years after mid-life -- our ways of

knowing and communicating what is known changes as well. The form, as well as the content of faith experience must be relevant to be operative as a significant force for wholeness in the midst of transition and change. If one does not have adequate symbols, the journey can easily be aborted -- so people get "stuck" in anger, or grief, or denial, or despair. Three important question need to be addressed. Does the content support wholeness and healing? How does form facilitate expression of feeling? Is the form adequate to communicate in a meaningful way content that is ultimate -- the God beyond the god of religion?

Integrating Symbols of Wholeness with Sensory Experience

The focus on structure in faith-knowing (Fowler, 1981) is a model literally built on cognitive capacities, [2] while the *content* (symbols, images, metaphors) of faith experience has had less attention, with the exception of images for God.[3] But the *content* upon which imagination depends (symbol, image, metaphor), correlates with lived experience; it arises out of praxis. It must reflect all the expressions relevant to any given means of knowing; the affective as well as the cognitive, the relational as well as the rational. The *form* by which content is recognized must be presentational as well as discursive, if all aspects of knowing are to be taken seriously. In the effort to integrate symbols of wholeness with sensory experience both content and form demand equal attention.

Eliade tells us that the spiritual messages of a culture are found most often in the arts - especially in literature, in story (1958, p.127). In the search for content

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[2] Both Lawrence Kohlberg in his thinking on moral development, and James Fowler, in faith development, have based their theories on Paiget's theories of cognitive development.

[3] Cf. McFague (1987) and Rizzuto (1979).

that supports wholeness and healing, Biblical stories themselves offer a well-spring of images capable of conveying, and thus invoking, a response of feeling. Biblical motifs are particularly illustrative of balance: slavery/ freedom; oppression/liberation; sickness /health; despair/hope; doubt/faith; darkness/light; emptiness/fullness; isolation/community; death/resurrection; injustice/justice; exclusivity/inclusivity. The images, however, are robbed of their transformative power as symbols , when they are limited by cognitive interpretations. The problem for faith knowing is to keep symbols translucent - so that the light they are supposed to convey is not blocked (Campbell, 1968, p.236). Understanding is not enough.

Jung's contribution to our understanding of symbol has been to point out the recurrent nature of critical symbols everywhere in the world; symbols that had become the defining point for his understanding of the archetypes of the unconscious. In every culture, in every religion, the life of the unconscious was construed and contained by symbols: symbols drawn from nature - trees, butterflies, snakeskin, rainbows, stars, flowers, and of course symbols drawn from human experience; particularly the symbolism of fertility, generativity and regeneration - birth, death, and renewal. The Biblical images themselves come from this rich repository; Noah's rainbow, the star in the east, the lily of the field, the fig tree, and the ultimate symbol of regeneration, renewal, and new life, the resurrection. "But," he says, "to live and experience symbols presupposes a vital participation on the part of the believer, and only too often this is lacking" (Jung, 1961, p.140).

As Carl Jung has provided invaluable methods for investigating the content (image, symbol, metaphor, and ritual) of the symbolic reality on which the structure of spirituality depends, so Susanne Langer has informed our understanding of the form (presentational vs. Discursive) that structure takes. Langer's understanding of the power of non-discursive images and expressions is helpful; we know more than we can express verbally, or cognitively. What we know subjectively, through feeling, we express objectively, through our senses or, as Langer would posit, we project what we want to signify through the senses.

This concept resonates with Jung's understanding of the collective unconscious, and the function of symbol for the unconscious life. We can understand, and respond to, universally accepted symbols as a result of the collective unconscious that links past to present, inner reality to outer reality, and self to other. That link allows us to comprehend the meaning in the message -- even though there may be a myriad of messages emanating from any given symbol at any given time. The *range* of human emotion, hence feeling -- remains constant -- although the *intensity* of expression varies, even in individual experience, over time. What allows us to communicate with the inner Self, also enables us to communicate with other Selves - through the use of symbols - which are apprehended through the senses as well as the unconscious. Presentational forms are capable of offering symbolic reality to us thereby evoking response; they are better able to activate internal guides which provoke preconscious, or unconscious response, as opposed to conscious and rational analysis of discourse.

Clearly the most important aspect of Langer's method is her articulation of the difference between presentation vs. discursive form. Her appropriation of Clive Bell's notion of significant form resonates with Jung's typology of the self, thus providing a way of not only understanding the arts, but also working intentionally with the arts toward a particular end. Langer, in *Feeling and Form* (1953), explicating the theory first developed in *Philosophy in a New Key* (1942), says that significant form allows us to *feel* the quality inherent in a piece of art rather than recognize its function (1953, p. 32). Langer is speaking of a condition of the observer (or perceiver) as well as the observed. She speaks of the affect of the observer and of the particularity or essence of the piece. This is different from recognizing (the cognitive action) the function(use) of the piece

What both Jung and Langer have addressed, are the differences in how we know, thus how we apprehend, art. Those differences can be discerned, in the observer, so that people can be encouraged to participate in the experience of art, based on their own particular proclivity. It is only when we determine the ways of knowing that are relevant to any given person or population, that we can give the arts, and the function of the arts in accessing feeling, their due. Langer is convinced that art and feeling are inexorably linked:

> A work of art presents feeling...for our contemplation , making it visible or audible or in some way perceivable through a symbol.... Artistic form is congruent with the dynamic forms of our direct, sensuous, mental, and emotional life. (Langer, 1957, p. 25)

We know enough now about how people take in the holy to be intentional about how we employ the arts. Jung's theory of symbol, metaphor, ritual, story, etc., undergirds the interpretation of the content of artistic expression , while Langer's method points the way toward the forms employed. The difference between presentational, and discursive forms is central to working critically with the arts, and applying these insights to individual ways of knowing.

The goal in facilitating faith experience for the elderly is to find ways to actualize spirituality out of a creative center. Langer's notion of getting at feeling through form is critical here. By relating specific art forms to the senses (hearing, seeing, taste, smell, touch, movement) one can make a connection between ways of knowing, and the felt, or experienced power of art form.

> An artist formulates that elusive aspect of reality that is commonly taken to be amorphous and chaotic; that is, he objectifies the subjective realm...it is a developed metaphor, a non-discursive symbol that articulates what is verbally ineffable- the logic of consciousness itself. (Langer, 1957, p. 26)

The first aspect of spirituality as it has been defined in the present study is of particular concern: "*Experiencing God* - not just with the mind, but with the whole body; personal and communal experience of the Holy in our midst" (van den Blink, 1995, p. 19). E*xperiencing God* is paramount. One must be able to experience God with one's whole self, if other aspects of spirituality are to be truly operative in a faith life. The symbolic reality that informs our experience of God, is that which is holistic and inclusive; it is that which attends to bodies and minds and spirits in a balanced way.

Women's ways of knowing point the way toward a more integrated approach; they tend to be less cognitive, more experiential, and relational. Ritual, story and myth are the operative modes of symbolic reality (Achterberg, Dossey, & Kolkmeier, 1994; Bailey, 1994; Bertman, 1994; Estes, 1992; Fischer, 1995; Ramshaw, 1987; Simpkinson & Simpkinson, 1993). Maria Harris, in a discussion of faith and imagination in faith development theory explicates her belief that emphasis on the sisterhood of humans with the planet calls attention, as art does, to imagery that has shaped our knowing. Imagery that emanates from a more inclusive theology might return us to an experience of the holy that is far more mysterious and ineffable than that which we have carved out for ourselves. "The imagery of cognition", she says," as developing upward to the abstract, or moral reasoning as toward a higher universal principle, may be more consonant with male than with female experience" (Harris, 1986, p.127). The process by which the content is known, or recognized, must be presentational as well as discursive, if all aspects of knowing are to be taken seriously.

At the present time, there is an widening search for spirituality as distinct from organized religion, particularly in regard to healing (Colt, 1996; Cousineau, 1995; Samuels, 1995; Wallis, 1996). There is a renaissance in religion and the arts, that may be more accurately described as spirituality and the arts. If we consider a Biblical text to be a dynamic, living thing, then scripture can be appropriated for any time, place, or situation. We could make the same assumptions for a symbol, or art form; the conditions which gave rise to it's origin, including both those of the artist as well as the environment, the cultural conditions, or *sitz-im-leben* are as necessary for our

understanding as a close examination of the form and content of the piece. Context often provides an important hermeneutic tool, as well as a cultural statement.

The extent to which technology has enabled us to extend life, thereby multiplying the numbers of people who are living longer, with chronic illness and pain has brought into focus the role of the arts for wholeness and healing. The inevitability of the suffering of HIV/AIDS patients, and the increasing numbers of chronically ill elderly has pushed nursing, medicine, and allied health professions to search for ways of alleviating pain and distress. The arts can now play a central, even critical role in expressing feeling and instilling hope. From the areas of science and technology, the need for a balance of artistic expression is now most evident; it is perhaps a rare historical opportunity. Engaging the arts in the service of relieving pain, enhancing wellness, and communicating feelings of well-being and peace has become increasingly important as people face questions of life and death (Bertman, 1994; Bailey, 1994; Schroeder-Sheker, 1994). All the arts are employed: music, painting, (both observed and produced), sculpture, poetry, dance - are now routinely utilized by healers who are motivated by caring as opposed to curing. A return to shamanistic respect for other, for the environment, and for the embodiment of soul is providing a significant countervalent force against cold, mechanistic technology. Our very ability to advance has precipitated an equal and opposite reaction; it is an opportune moment to employ the arts in the pursuit of wholeness and healing.

Form has its most significant impact when it mirrors content. Here we need the embodied theology of McFague and Nelson to point beyond the metaphors, the

symbols, the rituals, the creative myths, in which the arts participate. There is no dearth of relevant content for this endeavor; content and form must be held together, just as structure and process are inseparable for the full expression of a spirituality that is faith-filled.

Sallie Bailey is a UCC clergywoman who uses music with hospice patients who are nearing the end of life. She is convinced that when people can access their creativity as a means of expression, they are best able to express feeling, pain, rage, fear - and then move on in the journey. Accessing feeling is best accomplished by the creative Spirit; people are enlivened through engagement with their art form

> We receive images and sounds from the environment through the senses of our bodies. The images are processed through our emotions, spirit and mind and become inspirations/ideas that move through the body and are given form in other images and sounds. Thus, through the creative process, connections to each dimension of one's self are made. (Bailey, p. 329)

Aesthetics contribute to a healing environment. Others have outlined the role music can play with older adults who have Altzheimer's disease (Norberg, Melin, and Asplund, 1986); music evokes memory, and enables the listener to not only remember the world from which the music first came - but also to be stimulated to remember surrounding events as well (Whitcomb, 1993).

Film and video make it possible to use a variety of modes in this process. Dance, for example, is not only a form which can be directly experienced but also witnessed. In combination with music, dance demonstrates the phenomenon of synesthesia - the combination of senses (here sight and hearing) in reinforcing an experience of feeling (Dossey, 1995, p.622). Intentional selection, employed with

people who use vision and hearing, can be designed to evoke feeling in the service of healing.

Music, or sculpture, or art, or dance, or poetry can give expression to the urge toward religious knowing that may not even be sensed - let alone articulated. Using music and art with patients about to undergo surgery, for example, or patients suffering with chronic pain, or particularly those who are dying, promotes a peaceful environment, and lessens feeling of anxiety and fear. They are enabled to pray without words. (Bailey, 1994; Hanser & Thompson, 1994; Norberg, Melin, & Asplund, 1986; Whitcomb, 1993). A project in Missula Montana, "The Chalice of Repose", trains musicians to play the Celtic harp and sing in the presence of patients and families when death is imminent (Schroeder-Sheker, 1994). It is perhaps the happy congruence of comprehension and sensory or sensual feeling that constitutes an experience we refer to as soulful, or soul-making. We *know*, more than we can express, and we know in the inner recesses of our beings; so we have "gut" reactions to some recognized phenomena, or we can "savor" the memory of some soul-making encounter. Langer asserts that our logical intuition, or form-perception is much more powerful that is commonly believed.(Langer, 1957, p. 23).

The elderly, in particular, have changing sensory function that may constrict their devotional life, spiritual experience, or experience of the holy, if the shift from instrumental to expressive modes cannot be accomplished. In identifying the symbolic forms and archetypes that are apt to reinforce one position or feeling over and against another, we can be selective and intentional about forms that facilitate

expression of feeling. An obvious example is the music and hymnody that best accompanies grief and bereavement, a primary maturational task after mid-life. In the Presbyterian tradition, for instance, it is not uncommon to have a piper playing the bagpipes on some distant hill, at the graveside service of a burial. There is no more mournful sound -- at once comforting and exquisitely sorrow-full for those who are accustomed to it's wail. It accommodates the need for ritual and continuity, tradition and community, and music -- as well as grief.

If , when we speak of the elderly, we take into account the years following the W.W.II, we are dealing with a group of people who witnessed the postwar resurgence of formal religion. The building boom of the churches in the twenty years between 1945 and 1965 was, in retrospect, more of a reaction to, and escape from, the trauma of loss, bereavement, fear, and confusion , than the norm of organized religion that many remember so fondly. People who are now in their sixties, seventies, and eighties who were active in the churches at that time, use the excitement and hope of new beginnings as the standard for religious participation. Viewed from an historical perspective, the present downward course of many churches not only mirrors, but magnifies their own biopsychosocial demise. The soul, however, seeks that which it requires. There is now a tremendous hunger in the culture at large for passionate spirituality manifest in, for example, the resurgence of interest in angeology, Gregorian chant, mysticism, and popular spiritual literature.[5]

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[5] Thomas Moore is a theologically trained psychotherapist who has had a number of books on the best-seller list for over two years. See esp. *Care of the soul* (1992) and *The re-enchantment of everyday life* (1996). Kathleen Norris, who has also enjoyed remarkable success, is a writer who chronicled her spiritual journey with a tiny Presbyterian church, which she served as preacher, and with the brothers of a Benedictine monastery in rural South Dakota. See *Dakota* (1993).

How then are we to facilitate the journey? How are we to participate in the rebirth that is really the genesis of the world? We need to take in the holy -- to infuse the secular with the sacred -- to see the extraordinary in the ordinary -- concretize faith knowing, invoking the healing power of the sacred, accessing the numinous (Turner, 1974)). "The soul", Thomas Moore tells us, "is always searching for itself and it takes great pleasure when it finds itself mirrored in the material world " (1996, p.198).

Sensory changes rob the elderly of positive experiences in their bodies, where the body is often their enemy; employing the sensory experience the arts provide could make the body their friend once again. Here is the place for ritual, symbol, and metaphor large enough to carry the weight of the burden. And, given the diminishing sensory capacity of the elderly, the synesthetic effect of using more than one form of expression is critical.

Music is an example of an art form that has extraordinary healing effects. Florence Nightengale observed long ago that

> the effect of music upon the sick has been scarcely at all noticed . . . wind instruments, including the human voice and stringed instruments, capable of continuous sound, have generally a beneficent effect. (Nightengale, 1859 [1992], p.33)

Although other forms of arts and sensory stimulation may be lacking in the expression of the sacred, most people who have had any experience in the major denominations, espevcially the elderly, have been blessed with a musical experience whenever they attended services. Church services that included preludes, postludes, and anthems

sung by a choir probably were their introduction to the music of Bach, Mozart, Beethoven, and Handel.

Popular hymnody can serve as an illustration of a way to access feeling for the elderly, thus enhancing their experience of spirituality that is also sensory. Of all the expressions of music in religious experience, hymn singing has been available to all whether they could carry a tune or not, and hymns provided an exposure to poetry. Hymns gave musical expression to joy, sadness, grief, fear, courage, anticipation, celebration, in other words to feeling, that was at the same time sensory. Hymn singing enabled participation that could carry the spirits of the faithful and peripheral alike. And to those who are elderly now hymns are probably more familiar to the older generation than to any other. Those who are elderly now grew up in a world devoid of compact discs and sixteen track tapes; they made their own music. Even if they had no formal training, and did not play an instrument, they sang. Older adults know the music and they remember the words. Distant memory serves their musical experiences well. The hymns that were popular in the lives of older adults became so out of a particular time and context; being attentive to what those same hymns mean to the elderly requires us to sometimes "bracket" our political concerns for inclusive language.[6] Newer hymns, while freeing and exhilarating for younger people, may leave older worshippers with one more loss, at a time when singing may be one of the

[6] This is especially so with hymns that have anthropormorphic images for God: they are often avoided, yet are extremely meaningful e.g., "What a Friend We Have in Jesus", "In the Garden", "Dear Lord and Father of Mankind", "Just a Closer Walk with Thee", "Leaning on the Everlasting Arms".

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few, if not the only, sensory experience of an art form they have left. Writer Kathleen Norris recalls the observation of a rural Presbyterian pastor whose congregation opted not to purchase the new hymnal when they discovered that some old standards (e.g. *I Need thee Every Hour, I Love to Tell the Story, Nearer My God to Thee*), weren't included:

> Church intellectuals always want to root out the pietistic hymns, but in a rural area like this those hymns of intimacy are necessary for the spiritual welfare of people who are living at such a distance from one another. (Norris, 1993, p.166)

The singing of hymns becomes the occasion to use poetry and music, to hear and to feel - the music in one's throat, the benefit of deep and regular breathing that singing inevitably exerts, the comfort of the known. Important as the use of inclusive language is, and as critical to our growth that new material can be, people who are in need of healing start with the known, and then move on to higher ground. John Thornburg, in his published address to The Hymn Society's annual conference in 1995 delineates the power of hymns to convey passionate faith knowing, and warns against a cultural interpretation that constricts faith experience:

> There is hardly any way to now why a hymn that I despise is the one that awakened your weary, life-damages faith, or vice-versa. there is no way to know what power lies hidden in the combination of text and music and context and singer and congregation and God. (Thornburg, 1996, p .6)

The critical feature of hymns is that they are available to all; if we were to search out the most common form of congregational participation, it would be the singing of hymns. And because the hymnbook was readily available, hymns could be seen

(read) as well as heard. Even if one could not read music, the poetry of the hymn was there to give expression to religious striving and spiritual yearning. The singing of hymns as a way to reinforce feeling and remembrance has been encouraged since the Reformation; even Calvin encouraged the singing of Psalms (Bower, 1993).

Music is one example of an art form that can serve sensory spirituality, although the principles identified in relation to function could be applied to other forms as well. Other art forms offer the most familiar route to the senses for religious experience and expression. Visual arts and liturgical dance, for example, appear in both Roman Catholic and Protestant churches that support embodied spirit. But what of the other senses? What of touch, and taste, and smell? And how could a sensory spirituality facilitate both individual and corporate wholeness and healing? For consideration of these questions we turn our attention to the implications of integrating sensory spirituality into pastoral care and counseling, for the elderly, and for the church as a whole.

Chapter 5

Implications for Pastoral Care and Counseling

When we look for God's presence and cannot find it,
we are reminded that it is in us.
Kathleen Fischer, *Autumn Gospel*

Body-Mind-Spirit: The Movement Toward Holistic Care

" Healing and the sacred are yoked with the thickest cords in the human psyche", Jeanne Achterberg tells us (Achterberg, 1990, p. 163). The conjoining of religion and health defies all efforts to separate the two regardless of technologic advances to the contrary., even though the mind, the body, and the spirit appeared to have been parceled out to many professions. Some proclivity for yin and yang, some affinity for balance, for holding polarities in creative tension is necessary to the work that awaits our growing. An holistic approach to care requires the best of modern technology and the scientific method as well as the wisdom of the ages that comes to us in the form of forgotten healing arts; we need to mirror wholeness and completion and healing in what we believe, what we say, what we do, and how we live in the hope of the new age -- the shining of a new Jerusalem -- the presence, ultimately, of the Messiah. Pastoral care and counseling, which has in the past been at the forefront of new directions in the church, could lead the way again, joining the movement toward holistic care.

Reclaiming the legacy of healing that belonged first to the church , requires whole people, caring for whole people. The movement toward holistic care is

pushing healers from multiple disciplines to examine their own presuppositions regarding healing and wholeness -- and to examine their own wholeness as well. It is only when one has undertaken one's own spiritual journey that the paths of others' journeys become discernible. What has been conventionally understood to be "burn out" characterized by withdrawal, depression, anger, and stress may really be post traumatic stress disorder in the care-giver.

It has long been demonstrated that so-called "secondary victimization" occurs in professionals and people who witness trauma on a regular basis: clergy, therapists, police, emergency medical technicians, emergency room personnel, and firefighters etc. (Figley, 1985, p. 410). Hearing the stories, witnessing the grief, may result in a mirror image of those symptoms in care-givers over time. Psychic numbing, that hall-mark of PTSD, can be masked as depression, burn-out, disinterest, ineffectiveness, hostility, or even sexual mis-conduct. Those who are called depressed may, in fact, be dis-spirited. The holding of painful stories, of grief, sadness and despair, puts the caregiver, at risk for development of physical disease as well; there is considerable evidence to suggest that many physical problems, from allergies to the development of cancer occur when people are susceptible, or more specifically, immunosuppresed. For victims to become survivors, and healers to themselves become healed, an accessible and fitting spiritual life than can support wholeness and renewal is essential. We who profess to be the healers of the spirit, may first need to be healed ourselves. "The attitude of the psychotherapist," Jung once observed, "is infinitely more important that the theories or methods of psychotherapy" (Jung, 1933, p. 243).

It is not hard to imagine the stress that resides in the hearers of the stories of trauma, pain, and distress: clergy and pastoral counselors. This may be even more so in a church that reinforces victimization through it's policies and power structures. Symptoms are intensified when the individual is exposed to situations, activities, that resemble or symbolize the original trauma. I am convinced that we need to uncover a repertoire of healing triggers that are more powerful than the flash backs, or painful triggers that precipitate a traumatic response. Otherwise, we as caregivers are in danger of becoming so numb that we ourselves become victimizers of those whose pain we would alleviate -- simply because the tears are too hard to watch, the story too much to bear.

Protecting one's self against unbearable feelings of pain and loss can lead to a preference for cognitive ways of being as well as doing, especially for pastors and counselors who are exposed to extraordinary levels of stress and pain. When one cannot tolerate the pain -- reverting to intellectualization provides a way of "keeping an even keel." That then becomes the very antithesis of what is required for healing -- or even human connection: empathy. The question becomes how to preserve empathy and one's capacity to cope simultaneously. The only way to break through the numbing that prevents feeling, and sends people in search of sensation as a replacement, is to recognize the images, symbols, metaphors, rituals that are capable of creative, healing expression.

It is here that a repertoire of strategies to counteract the triggers of incapacitating feelings of grief and pain play an essential role in our ability to be

helpful. The senses are an obvious place to begin. We ourselves can find refreshment and renewal through images of wholeness and healing that are accessed through what we see, hear, taste, touch and smell.

In 1978, Inglefinger reported in a frequently cited study that 70 to 80% of average patient visits to an average primary care provider were for problems which were non-specific and for which there was no treatment -- problems which were self-resolving. The implications of that study continue to have significant impact; people seek ways to feel better -- often for reasons that cannot be traced to specific diseases. They are suffering from dis-ease, that may be related to their spirits as well as their bodies, and they have no language with which to ask their questions.

In 1993, Eisenberg et. al., reported a study of the use of "unconventional medical practices" in the United States. Fully one third of the population was using alternative therapies, or complementary modalities, and they were paying out of pocket: 10 billion dollars a year. Those who were using the modalities -- from therapeutic touch and biofeedback to herbal medicine and aromatherapy, were clearly taking their well-being into their own hands.

Such an interest in alternative medicine and complementary modalities has sparked interest among providers as well as consumers. The national Institute of Health has, in inaugurating the Office of Alternative medicine (OAM) signaled a willingness to fund and explore alternative methods for making people whole. It reflects an interdisciplinary trend that has caught the popular imagination as well.[1]

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[1] The popular press, Life, for example, and Time have recently run articles that champion the links between body and spirit, spirituality and healing. See Colt (1996); and Wallis (1996).

The American Public Health Association, one of the largest professional interdisciplinary organizations in the country with attendance at annual meetings that regularly tops 10,000, last year was prompted to convene a Caucus on Public Health and the Faith Community to explore both philosophies and projects at the intersect of faith and health.

The shift in focus toward more holistic, less splintered models of caring for persons is apparent in professional journals that bring like-minded professionals together, such as *Common Boundary*, or the new *Journal of Alternative Medicine.* People who are taking more responsibility for themselves may be less likely to seek out counseling as it has been known and practiced, but are more apt to be searching for alternative approaches to problems. For those of us in pastoral care, that may mean a trend toward spiritual direction, which is becoming increasingly sought out, and a more self-consciously practiced spiritual life.[2] It may be that the trends we are now noticing in personal searches for spirituality parallel or suggest evolving changes in religious life in general, and in pastoral care and counseling in particular.

Facilitating Spiritual Journeys

Revisiting the course journeys take can be helpful in guiding our thinking about spiritual journeys as well as future directions. What has been classically known as the hero/heroine's journey, or the "pilgrim-on-the-way" to use Evelyn Whitehead's phrase refers to stories of transformation that are usually divided into three distinct stages or sections, much like a three act play; there is a beginning, a middle, and an end. Joseph

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[2] See esp. Thompson (1995). This is a beautifully written book which serves as a resource and/or guide for lay groups. It has been in constant demand since it first appeared -- always an important indication of new directions.

Campbell delineates the process as the mythic adventure of the hero: departure, initiation, and return. (Campbell, (1968). This model is reminiscent of Victor Turner's model of transition, discussed in chapter one above; separation, margin, and reaggregation (Turner, 1974, p.231-233). Turner perceives the middle level of transition to hold the promise of transformation, while in the throes of transition, in the margin, people who are marginalized come together and forge something new. In Biblical images, this marginalized time of wandering recalls images of the desert, the wilderness, images of lostness and not knowing. It also holds out the promise of new life.

The phases of the journey that lead from old ways of being to the new, can be described as incorporating the concomitants of grief; denial, anger, bargaining, chaos, depression, resignation, openness, readiness, and re-emergence (Perlman & Takacs, 1990). Those phenomena reflect the three-fold process to which Campbell (1968) refers:

1) loss of structure	(denial, anger, bargaining)
2) chaos: into the woods	(chaos, depression, resignation)
3) re-structuring	(openness, readiness, re-emergence)

The beginning of the journey always consists of some kind of leave-taking; leaving home, or some *loss of structure* that previously provided the order of life, the boundary lines of one's universe. The impact of loss is generally felt as one moves out of the familiar into the next phase of the journey. Even a familiar situation in life that was fraught with ambivalence and conflict, needs to be mourned on order to continue

on the way. We cannot say "hello" until we've said "good-bye." The transition within the transition, the movement away from one phase to another, becomes a microcosm of the way grief is encountered. Avoiding the pain of transition at this first, most critical juncture, sets the stage for a trajectory of avoidance as a method of coping, that can begin to take on a life of it's own. It is critically important to be able to sit with the emptiness, the pain of loneliness, separation anxiety, confusion, bewilderment. Avoiding the pain is precisely what leads to the replacement of sensation for feeling. Loss of structure with attendant feelings of denial, anger, and bargaining can truncate the journey from the beginning. The holding, healing community needs to be active at the transition points - the juncture where one make the choice as Joseph Campbell has said - to say yes to the serpent or no to the serpent. It's much easier to say no to the serpent who offers sensation as an antidote to the aching absence of feeling if there is a viable alternative offering hope. Hope in this context implies promise of redemption, renewal, and resurrection; the hope that some phoenix will indeed rise up from these ashes of sadness, frustration, and disappointment.

This is the place where it is essential to nurture , to nourish the hungry soul with healing faith - real spiritual food, not toxic faith that is nothing more than an imitation , and poisonous to the life of the spirit. Here we need images of faith as we search for the face of God -- sounds of comfort and joy as we strain to hear the still, small voice. Here we need hope of the promised land., as we wander in the wilderness of the desert. There's always a tendency to by-pass the work of the desert - and go racing toward Canaan. There's always the possibility of mistaking sensation for

feeling, efficiency for order, law for ethics, legalism for morality, illusion for apprehension.

Sitting with the pain implies waiting in the desert, wandering in the wilderness, getting lost in the woods. Discovering what to do while one's waiting becomes the stuff of which real art is fashioned; the senses, perhaps for want of anything else, become engaged in the in-between time. When all we are is all we have -- we create. We paint, we sing. we pray, we sculpt, we write poetry, we dance, we tell stories. Uncovering ways to mobilize creativity and passion out of a spiritual center is at the heart of healing.

This is the place to bear one another's burdens; this is the holding community that can provide "good enough" support, good enough counseling, good-enough re-membering. We need, at this juncture, metaphors, and symbols, and rituals, and stories that are capable of carrying the weight of unseen hope, that can point beyond themselves. We need spirituality presented in a manner our hearts can understand. Imaging hope is central to the task. Metaphors, like symbols, must point beyond themselves. We need spirituality in a language we can understand; experiential as well as cognitive, relational as well as rational.

Restructuring: Reclaiming the Legacy of Healing

The result of Cartesian dualism was that physicians became priests of the body, clergy high priests of the soul (Nelson, 1992, p. 167). Eventually, physicians, through the specialty of Psychiatry, became the high priests of the soul as well And in some ways, the suspicions of the Christian right were not unfounded; Psychiatry

offered a false cure for souls in distress. Pastoral counseling offered an alternative to those who were warned away from secular priests, and those who had suffered from extremes of some denominational interpretations of God's word, but in some instances we became an imitation of an imitation.

At this point in time, we have arrived at a critically important stop on the journey. We know that much of the distress that was ill-defined as distress of the soul was in fact disease of the brain. The changes in Psychiatry in the past decade present us with the opportunity to reclaim our rightful place in the care of souls -- but with an important difference. No longer bound by the limits of dehumanizing dualism either philosophically or practically -- we can set about re-forming our role with people in pain -- and care for whole persons. Healing belonged first to the church; healing has always been the aim and prerogative of religious life. We can come full circle -- enclosing people in pain with the spirit and wisdom of the Christ incarnate. More hope, more healing love, for body, mind, and spirit -- all within a context of care that is faith, content of care that is hope, and conduct of care that is love.

Larry Kent Graham, writing of what he calls the "impasses' in pastoral counseling and pastoral theology enumerates some of the current problems in the field: the separation between academic preparation and clinical practice; the growing marginalization of pastoral counseling within organized religious communities; the negative, indifferent, or ambivalent attitudes of the mental health field toward our role and status; and being challenged by multicultural forces demanding the inclusion of more pluralistic, organic, and diverse modes of thinking and practice. He suggests that

a way beyond these problems is to become refocused on spirituality, "reincorporating the spiritual dimensions of our heritage into our theology and therapy"(Graham, 1996, p. 31). His recognition of the central place spirituality must have supports a view of the future that can allow pastoral counselors to be more distinctly ourselves. The professionals in the mental health field are themselves becoming spiritualized; we, on the other hand, need to become more ourselves.

We can move to the forefront in caring for whole people, attending to bodies and spirits with the same enthusiasm with which we have embraced the cognitive therapies. And we can begin with some basic observations about holistic approaches that can enhance spirituality, and well-being.

Integrating spirituality, the Arts, and Complementary Modalities

Both Dossey (1993) and Fischer (1995) are part of a growing number of people who are advocating the use of alternative modalities in bringing people to a more holistic way of being. Dossey, as a physician, clearly has a different route to take in order to accomplish this task -- he's trying to influence the medical establishment.

Dossey's efforts at undergirding his theories with examples of rigorous research are directed at giving his views legitimacy within a traditional, hierarchical, patriarchal model of care and cure. The theories thus presented have more of an organized, scientific ring than other work he has done. But he has demonstrated that "non-local" intervention is real and potent. He has brought these ideas into the mainstream of health care, paving the way for other, perhaps less radical and therefore more acceptable, possibilities for care. Fischer, on the other hand, is freely addressing

herself to women, and women-identified men who are open to the new directions in which the spirit is blowing. They offer innovative, refreshing, creative approaches to people who are searching for meaning, fulfillment, and hope.

The complementary modalities which have been grouped under "alternative medicine" include acupuncture, therapeutic touch, biofeedback, relaxation, guided imagery, aromatherapy, chiropractic, herbal medicine, massage. Dossey specifically elaborated his views with examples of what he calls non-local prayer, citing as his research base a number of studies using scientific protocols. For example, Byrd's now classic study of prayer and Intensive care Unit patients which demonstrated remarkable improvement in cardiac patients who were being prayed for by prayer groups throughout the country, unbeknownst to the patients themselves, is often cited as evidence for the healing power of prayer. The patients were being prayed for had fewer complications, did not require respirators, had no infections, and exhibited a better overall recovery rate than a control group of patients with comparable health problems (Byrd, 1988). The efficacy of prayer in a real clinical situation is clear. Other researchers continue that effort (Levin, 1996; Levin, Lyons & Larson, 1994). David Larson has led research funding and support for studies which address the relationship between faith and health through the National Institute for Health Care Research; that group serves as a clearing house of information regarding current studies in medicine and the behavioral sciences, and offers education and consulting support.

Kathleen Fischer (1995), writing out of a more self-conscious religious or spiritual perspective, is drinking from the same well. Her notions of healing interventions with women in the second half of life are borne out of her conviction that women's experience, imagination, embeddedness, connectedness, and stories and images gleaned from Biblical sources are the most viable source of spiritual sustenance. She offers rituals, insights, and observations about actualizing the redemptive power of spirituality for women who are undergoing change and transition. The arts are increasingly being used in conjunction with alternative or complementary modalities, as has been noted in the previous chapter.

The inclusion of alternative healing methods draws on resources culled from both health care and pastoral care; the two fields are merging closer together. From the boundary of each, can be seen the richness and importance of an holistic theology, that can support the need to heal with less invasive and less extraordinary methods.

Fischer's attention to women in the second half of life is purposeful; by the year 2010, she notes, over 50% of the adult women in this country will be over 50 years old (p. 1). They will constitute a large majority; they will surely constitute the majority of people in the mainline denominations, who are the people most likely to seek *pastoral* care and counseling. A theoretical framework which takes that population into account will recognize the developmental tasks and traumas of the second half of life for both women and men. Taking care of parents, taking care of children, saying good-bye to both, and often finding themselves facing dreams deferred, persons at that point in their lives may be more ready for the spiritual journey

in to the depths of the individuated self that Jung speaks of than at any other time. They are often tired, depleted, wounded, empty, dry -- and yearning for refreshment and renewal. The situation may lead men and women to the same crossroads, although for different reasons; men may not have had the inclination to make the spiritual journey -- women have not had the time.

Elderly facing transitional periods fraught with bereavement and grief need more than a cognitive approach, and even something more than a relational approach, although a relational context is critical. The only way to break through the numbing to access the healing power of feeling, is to utilize the images, rituals, stories, music, arts that can break through the wall of silence the weariness and grief erects - and touch the center of the soul.

In the present study, it has been suggested that people respond to the resources of the arts in different ways, so that identifying an individual's proclivity for taking in the holy is essential to this task. Attention to the particular senses that are especially operative for a given individual helps to make use of creative expression intentional, and therefore more efficacious. Music, for some, is the source of comfort and hope; for others, whose preferred sense is visual, art, film, video, photographs, and color are most useful. Photographs have long been a helpful strategy for helping people recall people and places which stirred critical memories as an important adjunct to grief work or life review (Birren & Deutchman, 1991). They can be used to facilitate healing as well. For many elders, diminishing sensory capacity requires alternative means for experiencing the world; we can help them find those means, matching

strategies for intervention with sensory experience would be an appropriate starting point for integrating theory into practice.

It is probably easier to integrate various approaches quickly in group settings; group settings are often very useful contexts for bringing elders to an experience of connectedness and feeling (Birren & Deutchman, 1991). The validation of shared experiences of loneliness and fatigue of many elders can itself be healing. Using the senses as a starting point, the arts are easily employed in rituals, or exercises that give people an opportunity to express themselves and discover -- or uncover their feelings. The overarching context of pastoral care gives us the opportunity to concretize symbols and rituals that are imbued with spiritual healing. Candles, incense, music, art, prayer, guided imagery, and liturgical dance are all ways that the implicit can be made explicit, so that feelings are brought to life (Fischer, 1995; Thompson, 1995).

Even with people in individual counseling, an act as simple as lighting a candle can be powerful. So can a container for tissues filled with tears - a small ritual that holds the hurt - and makes the tears in some small way, sacred. Intentional use of synesthesia, utilizing more than one sense at a time, enhances spiritual experience. Seeing and hearing, hearing and smelling, for example, are powerful reinforcers of a healing experience. Communion, for another example, uses all five senses; taste, smell, touch, seeing, and hearing; it endures as the central ritual experience of the Christian church.

As people committed to pastoral care and counseling, we need to create sacred space for people, invite people to share their story, and provide a way to put down the

burden of pain. Most burdens are too heavy to hold alone. The transformative exchange takes place in the process of creative transformation. It is in the creating, the putting out of the pain into the universe, that miraculously, both we and our burdens are changed. When the stories are told, heard, honored, and grieved -- something redemptive happens. What had been a source of pain and death becomes the germ of new life -- in music, hymn-singing, art, writing, dance, sculpting, film, poetry, sewing, woodwork, gardening. The old is finished and gone. Everything becomes fresh and new, and we fine tune the instrument of grace.

Limitations of the Model

The problem may be one of place and method, not of inclination or intent. There are always risks that interventions will be misunderstood and misinterpreted. Attention must be paid to how people know, so that strategies for intervention will be appropriate. But there are rich resources which can serve as a starting point for more holistic interventions which are easily appropriated and adapted for use in pastoral care and counseling (Achterberg, Dossey, and Kolkmeier, 1994; Bailey, 1994; Birren & Deutchman, 1991; Conn, 1986; Ramshaw, 1987; Thompson, 1995).

Most people are immensely grateful for the opportunity to enter into relationship and healing with their whole selves -- and their creative experiences. By so doing, spirituality that is seeking God, experiencing God not just with the mind but with the whole body, can be facilitated. Then, and only then, can doing God's work in the world be accomplished. We experience embodiment as sensory spirituality, and by so doing, encourage those for whom we care to join us on the journey -- bodies,

minds, spirits: God, Incarnate.

Implications for Further Study

Combining scales in future studies would afford a more careful delineation of the distinction between spirituality and religiousness. The present writer is currently engaged in a study which combines the SF-36, Koenig's Religious Coping Index, and the Spiritual Well-being Scale (Paloutzian & Ellison, 1982). All three scales are well validated and have been used in multiple studies. Combining such research with qualitative methods, in order to glean the particularities of spiritual experience would be helpful. Finally, exploring ways of integrating the arts and complementary modalities into pastoral care and counseling with older adults would undoubtedly demonstrate the effectiveness of such a model in the spiritual life of all.

SF-36 HEALTH SURVEY

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

(circle one)

Excellent 1

Very good 2

Good 3

Fair 4

Poor 5

2. Compared to one year ago, how would you rate your health in general now?

(circle one)

Much better now than one year ago 1

Somewhat better now than one year ago 2

About the same as one year ago 3

Somewhat worse now than one year ago 4

Much worse now than one year ago 5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(circle one number on each line)

ACTIVITIES	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing **several** flights of stairs	1	2	3
e. Climbing **one** flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking **more than a mile**	1	2	3
h. Walking **several blocks**	1	2	3
i. Walking **one block**	1	2	3
j. Bathing or dressing yourself	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(circle one number on each line)

	YES	NO
a. Cut down on the **amount of time** you spent on work or other activities	1	2
b. **Accomplished less** than you would like	1	2
c. Were limited in the **kind** of work or other activities	1	2
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(circle one number on each line)

	YES	NO
a. Cut down the **amount of time** you spent on work or other activities	1	2
b. **Accomplished less** than you would like	1	2
c. Didn't do work or other activities as **carefully** as usual	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one)

Not at all 1

Slightly 2

Moderately 3

Quite a bit 4

Extremely 5

7. How much bodily pain have you had during the past 4 weeks?

(circle one)

None 1

Very mild 2

Mild 3

Moderate 4

Severe 5

Very severe 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(circle one)

Not at all 1

A little bit 2

Moderately 3

Quite a bit 4

Extremely 5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

(circle one number on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle one)

All of the time 1

Most of the time 2

Some of the time 3

A little of the time 4

None of the time 5

11. How TRUE or FALSE is each of the following statements for you?

(circle one number on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

MGH COMMUNITY QUESTIONNAIRE

1. Do you live: (check all that apply)
   --- a. By yourself
   --- b. With your spouse
   --- c. With other family members
   --- d. With a caretaker
   --- e. In senior housing
   --- f. Other (name) _____

2. Are you: (check one)
   --- a. Currently married
   --- b. Divorced
   --- c. Widowed
   --- d. separated
   --- e. never married

3. During the last six months, have you: (check yes or no)
   a. Been hospitalized? -- yes -- no
   b. Been to the emergency room? -- yes -- no
   c. Had the death of a spouse, close family member, friend or pet? -- yes --no

4. In general, would you say your health is: (circle one)
   Excellent..... 1
   Very Good..... 2
   Good..... 3
   Fair..... 4
   Poor..... 5

5. Compared to one year ago, how would you rate your health in general now? (circle one number)
   Much better now than one year ago.....1
   Somewhat better now than one year ago.....2
   About the same as one year ago.....3
   Somewhat worse now than one year ago.....4
   Much worse now than one year ago.....5

6. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? (circle one number on each line)

Activities	yes, limited a lot	yes, limited a little	no, not limited at all
a. Vigorous activities, running, lifting heavy objects, strenuous sports	1	2	3
b. Moderate activities, moving a table, pushing a vacuum cleaner, bowling, playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking several blocks	1	2	3
i. Walking one block	1	2	3
j. Bathing or dressing yourself	1	2	3

7. During the past 4 weeks, have you had any of the activities as a result of your physical health ? (circle one number on each line)

	Yes	No
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Were limited in the kind of work or other activities	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

8. During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (circle one number on each line)

	Yes	No
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2

9. During the past 4 weeks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (circle one number)

Not at all..... 1
Slightly..... 2
Moderately..... 3
Quite a bit..... 4
Extremely..... 5

10. How much bodily pain have you had during the past 4 weeks? (circle one number)

None..... 1
Very mild..... 2
Mild..... 3
Moderate..... 4
Severe..... 5
Very Severe..... 6

11. During the past 4 weeks, how much did pain interfere with your normal work(including both work outside the home and housework)? (circle one number)

Not at all..... 1
A little bit..... 2
Moderately..... 3
Quite a bit..... 4
Extremely..... 5

12. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.
How much of the time during the past 4 weeks
(circle one number on each line)

	All of the time	Most of the time	A good bit of time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep ?	1	2	3	4	5	6
b. Have you been a very nervous person ?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired ?	1	2	3	4	5	6

13. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends or relatives)? (circle one number)

All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time..... 5

14. Please choose the answer that best describes how TRUE or FALSE each of the following statements is for you. (circle one number on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick easier than most people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

15. Do you have difficulty with any of the following activities? (check YES or NO)

	Yes	No
a. Getting around in your home		
b. Doing the laundry		
c. Managing money/paying bills		
d. Preparing food		
e. Doing light housework		
f. Going shopping		
g. Following any dietary restrictions		
h. Using the telephone		
i. Taking medications		
j. Getting to appointments		

16. Do you have any difficulties in the following areas?

	Yes	No		Yes	No
a. sleeping			f. Falling		
b. Memory			G. Sex		
c. Concentration			h. Dizziness		
d. Alcohol/Drug			i. Vision		
e. Hearing			j. Appetite		

17. Would you use a Health Club/Fitness Center associated with MGH that included supervised exercise, nutrition counseling, health education, volunteer opportunities, social and community activities?

--- Yes --- No

18. Do you belong to a health club/fitness center now?
___ Yes ___ No

19. Are you interested in a MGH sponsored Life-Care-At-Home program that would provide health and homemaker services in your home?
___ Yes ___ No

20. Have you done any of the following activities in the past (please circle one number on each line)

	Week	Month	Year	More than a year ago
a. Jogging	1	2	3	4
b. Swimming	1	2	3	4
c. A supervised exercise program	1	2	3	4
d. An adult education course	1	2	3	4
e. A religious education course	1	2	3	4
f. Stress management	1	2	3	4
g. Massage therapy	1	2	3	4
h. Attended religious services	1	2	3	4
i. Read a book	1	2	3	4
j. Walking for exercise	1	2	3	4
k. Played Bridge or other card game	1	2	3	4
l. Traveled outside of Boston	1	2	3	4
m. Volunteering	1	2	3	4
n. Woodworking	1	2	3	4
o. Needlework (needlepoint, etc.)	1	2	3	4
p. Attend symphony, or theater, or ballet	1	2	3	4
q. Attend a social gathering	1	2	3	4
r. Attend a lecture	1	2	3	4
s. Use a health/fitness club	1	2	3	4

21. How would you describe yourself?

___ religious ___ atheist ___ other
___ spiritual ___ agnostic

22. Would you be willing to be interviewed ?
If so, please fill in the following information.

Name _____

Telephone number _____

A convenient time of day to be called _____

23. Please comment on your interest in a MGH affiliated wellness/health program.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you again for completing this questionnaire. Your response will be very helpful.

Bibliography

Achenbaum, W. Andrew, & Bengtson, Vern L. (1994). Re-engaging the disengagement theory of aging: On the history and assessment of theory development in gerontology. *The Gerontologist 34*(6), 756-763.

Achterberg, Jeanne (1985). *Imagery in healing: Shamanism and modern medicine.* Boston: Shambhala.

Achterberg, Jeanne (1990). *Woman as healer.* Boston: Shambala.

Achterberg, Jeanne, Dossey, Barbara , & Kolkmeier, Leslie (1994). *Rituals of healing: Using imagery for health and wellness.* New York: Bantam Books.

Adelman, Pamela (1994). Multiple roles and psychological well-being in a national sample of older adults. *Journal of Gerontology 49,* 277-285.

Bailey, Sally (1994). Creativity and the close of life. In Inge Corless, Barbara Germino, & Mary Pittman (Eds.), *Dying, death and bereavement: Theoretical perspectives and other ways of knowing* (pp. 327-335). Boston: Jones & Bartlett.

Bauer, Toni, & Barron, Cecilia R. (1995). Nursing interventions for spiritual care: Preferences of community-based elderly. *Journal of Holistic Nursing* 13 (3), 268-279.

Beck, Susan Larsen (1991). The therapeutic use of music for cancer-related pain. *Oncology Nursing Forum 18* (8), 1327 - 1337.

Benson, Herbert (1975). *The relaxation response.* New York: Avon Books.

Berg, Geri., & Gadow, Sally (1978). Toward more human meanings of aging: Ideals and images from philosophy and art. In Stuart Spicker, Kathleen Woodward, & David Van Tassel (Eds.), *Aging and the elderly: Humanistic perspectives in gerontology* (pp. 83-94). Atlantic Highlands, NJ: Humanities Press.

Berggren-Thomas, Pricilla, & Griggs, Marcella (1995). Spirituality in aging: Spiritual need or spiritual journey? *Journal of Gerontological Nursing 21,* 5-10.

Bertman, Sandra (1994). Past the smart of feeling: Some images of grief in literature, pop culture, and the arts. In Inge Corless, Barbara Germino, & Mary Pittman (Eds.), *Dying, death, and bereavement: Theoretical*

perspectives and other ways of knowing (pp. 317-326). Boston: Jones and Bartlett.

Birren, James E., & Deutchman, Donna E. (1991). *Guiding autobiography groups for older adults: Exploring the fabric of life.* Baltimore: Johns Hopkins University Press.

Bolen, Jeanne Shinoda (1994). *Crossing to avalon: A woman's midlife pilgrimage.* San Francisco: HarperSanFrancisco.

Bower, Peter C. (1993). Singing our way through the Book of Common Worship. *Reformed Liturgy and Music 27*(1), 37-43.

Brueggemann, Walter (1978). *The prophetic imagination.* Minneapolis: Fortress Press.

Brueggemann, Walter (1989). *Finally comes the poet: Daring speech for proclamation.* Minneapolis: Fortress Press.

Bunker, Diane E. (1991). Spirituality and the four Jungian functions. *Journal of Psychology and Theology 19* (1), 26-33.

Butler, Robert. N. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry 26,* 65-76.

Bynum, Caroline Walker (1987). *Holy feast and holy fast: The religious significance of food to medieval women.* Berkley: University of California Press.

Byrd, Robert (1988). Positive therapeutic effects of intercessory prayer in a coronary care unit population. *Southern Medical Journal 81,* 826-829.

Cameron, Julia (1992). *The artist's way: A spiritual path to greater creativity.* New York: G.P. Putnam's Sons

Campbell, Joseph (1968). *The hero with a thousand faces* (2nd ed.). Princeton: Princeton University Press.

Campbell, Joseph (1968a). *The masks of God: Creative mythology.* New York: Viking Press.

Campbell, Joseph (with Moyers, Bill) (1988). *The power of myth.* New York: Doubleday.

Carson, Verna Benner (1990). *The relationships of spiritual well-being, selected demographic variables, spiritual variables, health indicators, and AIDS*

related activities to hardiness in persons who were HIV positive or were diagnosed with ARC or AIDS. Unpublished doctoral dissertation, University of Maryland, College Park.

Cassirer, Ernst (1946). *Language and myth.* (Susanne K. Langer, trans.). New York: Dover Publications.

Chandler, Emily (1988). Theology and ethics: A feminist and liberation theology perspective. In Walter Wiest (Ed.), *Health care and its costs: A challenge for the church* (pp. 229-243). Lanham, MD: University Press of America.

Chinen, Allen (1993). In the ever after: Fairy tales and the second half of life. In Charles Simpkinson & Anne Simpkinson (Eds.), *Sacred stories: A celebration of the power of stories to transform and heal.* San Francisco: HarperCollins.

Christ, Carol (1980). *Diving deep and surfacing: Women writers on spiritual quest.* Boston: Beacon Press.

Christ, Carol (1987). *Laughter of Aphrodite: Reflections on a journey to the goddess.* San Francisco: Harper & Row.

Christenson, Margaret (1990). Adaptations of the physical environment to compensate for sensory changes. In Margaret Christenson (Ed.), *Aging in the designed environment* (pp.3-30). Binghamton, NY: Haworth Press.

Clark, Elizabeth, & Richardson, Herbert (Eds.). (1977). *Women and religion: A feminist sourcebook of Christian thought.* New York: Harper & Row.

Clements, William M. (Ed.). (1989). *Ministry with the aging: Designs, challenges, foundations.* New York: Haworth Press.

Clements, William M. (1995). Science and religion in dialogue. In Miles A. Kimball, Susan McFadden, James Ellor, & James Seeber (Eds.), *Religion, spirituality, and aging: A handbook* (pp.497-505). Minneapolis: Fortress Press.

Clinebell, Howard (1984). *Basic types of pastoral care and counseling: Resources for the ministry of healing and growth.* Nashville: Abingdon Press.

Clinebell, Howard (1992). *Well-being: A personal plan for exploring and enriching the seven dimensions of life.* New York: HarperCollins.

Clinebell, Howard (1995). *Counseling for spiritually empowered wholeness A hope-centered approach.* New York: Haworth Press.

Colt, George H. (1996, September). The healing revolution. *Life,* 34-50.

Conn, Joann W. (1989). *Spirituality and personal maturity.* New York: Paulist Press.

Conn, Joann W. (Ed.). (1986). *Women's spirituality: Resources for Christian development.* New York: Paulist Press.

Cousineau, Paul (1995). *Soul: An archeology.* San Francisco: HarperCollins.

de Laszlo, Violet S. (Ed.). (1959). *The basic writings of C..G. Jung.* New York: Random House.

DeMarinis, Valerie (1993). *Critical Caring: A feminist model for pastoral psychology.* Louisville: Westminster/John Knox Press.

Dombeck, Mary-Therese B. (1996). Chaos and self-organization as a consequence of spiritual disorganization. *Clinical Nurse Specialist 10* (2), 69-75.

Dossey, Barbara, Keegan, Lynn, Guzzetta, Cathy, & Kolkmeier, Leslie (1995). *Holistic nursing: A handbook for practice.* Gaithersburg, MD: Aspen Publishers..

Dossey, Larry (1993). *Healing words: The power of prayer and the practice of medicine.* San Francisco: HarperCollins.

Douglas, Mary (1966). *Purity and danger: An analysis of concepts of pollution and taboo.* London: Routledge & Kegan Paul.

Dykstra, Craig, & Parks, Sharon (Eds.). (1986). *Faith development and Fowler.* Birmingham: Religious Education Press.

Easterlin, Nancy, & Riebling, Barbara (Eds.). (1993). *After poststructuralism: Interdisiplinarity and literary theory.* Evanston: Northwestern University Press.

Eisenberg, David M., Kessler, Ronald C., Foster, Cindy, Norlock, Frances, Colkins, David, & Delbanco, Thomas (1993). Unconventional medicine in the United States: Prevalence, costs, and patterns of use. *New England Journal of Medicine 328,* 246-252.

Eliade, Mircea (1958). *Rites and symbols of initiation: The mysteries of birth and rebirth* (Willard R. Trask, Trans.). New York: Harper & Row, Publishers.

Eliade, Mircea (1959). *The sacred and the profane: The nature of religion* (Willard R. Trask, Trans.). New York: Harcourt Brace.

Eliade, Mircea (1974). *The myth of the eternal return* (Willard R. Trask, Trans.). Princeton: Princeton University Press.

Eliade, Mircea (1985). *Symbolism, the sacred, and the arts.* (Diana Apostolos - Cappadona , Ed.). New York: Crossroad.

Ellison, Craig W., & Smith, Joel (1991).Toward an integrative measure of health and well-being. *Journal of Psychology and Theology 19* (1), 35-48.

Estes, Clarissa Pinkola (1992). *Women who run with the wolves: Myths and stories of the wild woman archetype.* New York: Ballantine Books.

Figley, Charles (Ed.). (1985). *Trauma and its wake: the study and treatment of post-traumatic stress disorder.* New York: Brunner/Mazel.

Fischer, Kathleen R. (1995). *Autumn gospel: Women in the second half of life.* New York: Paulist Press.

Fitchett, George (1993). *Assessing spiritual needs: A guide for caregivers.* Minneapolis: Augsburg Fortress Press.

Forbes, Elizabeth J. (1994). Spirituality, aging, and the community dwelling caregiver and care recipient. *Geriatric Nursing 15* (6), 297-302.

Fowler, James (1981). *Stages of faith: The psychology of human development and the quest for meaning.* San Francisco: Harper & Row.

Fowler, James (1987). *Faith development and pastoral care.* Philadelphia: Fortress Press.

Fox, Matthew (1983). *Original blessing.* Santa Fe, NM: Bear and Co.

Frymer-Kensky, Tikva (1992). *In the wake of the goddesses: Women, culture, and the biblical transformation of pagan myth.* New York: Fawcett Columbine.

Gadon, Elinor W. (1989). *The once and future goddess: A symbol for our time.* New York: Harper & Row.

Glaz, Maxine, & Moessner, Jeanne (Eds.). (1991). *Women in travail and transition.* Minneapolis: Fortress Press.

Goldberg, Wendy, & Fitzpatrick, Joyce (1980). Movement therapy with the aged. *Nursing Research 29,* 339-346.

Graham, Larry Kent (1996). From impasse to innovation in pastoral theology and counseling. *Journal of Pastoral Theology 6*, 17-35.

Guyatt, Gordon, Feeny, David, & Patrick, Donald (1993). Measuring health-related quality of life. *Annals of Internal Medicine 118* (8), 622-629.

Hammond, Phillip (1985). Aging and the ministry. In Carol LeFevre & Perry LeFevre (Eds.), *Aging and the human spirit: A reader in religion and gerontology* (pp. 172-182). Chicago: Exploration Press.

Hanser, Suzanne, & Thompson, Larry (1994). Effects of a music therapy strategy on depressed older adults. *Journal of Gerontology 49,* 265-269.

Harris, Maria (1986). Completion and faith development. In Craig Dykstra & Sharon Parks (Eds.), *Faith development and Fowler* (pp. 115-133). Birmingham: Religious Education Press.

Haskins, Susan (1993). *Mary magdalen: Myth and metaphor*. New York: Riverhead Books.

Henry, Linda L. (1995). Music therapy: A nursing intervention for the control of pain and anxiety in the ICU: A review of the literature. *Dimensions of Critical Care Nursing 14*, 295-304.

Hicks, Roger W. (1996). Louis F. Benson's 1895 Presbyterian hymnal innovation. *The Hymn* 47(92):17-21.

Holifield, E. Brooks (1983). *A history of pastoral care in America: From salvation to self-realization.* Nashville: Abingdon Press.

Holmes, Urban T. (1989). Worship and aging: Memory and repentance. In William M.Clements (Ed.), *Ministry with the aging: Designs, challenges, foundations* (pp. 91-106). New York: Haworth Press.

Ingelfinger, Franz J. (1978). Medicine: Meritorious or meretricious. *Science (200),* 942-946.

James, William (1961). *The varieties of religious experience.* New York: Collier.

Jordan, Judith, Kaplan, Alexandra, Miller, Jean Baker, Stiver, Irene, & Surrey, Janet (1991). *Women's growth in connection: Writings from the Stone Center.* New York: Guilford Press.

Jung, Carl (1933) *Modern man in search of a soul.* (W. S. Dell & Carry F. Baynes, Trans.). San Diego: Harcourt Brace & Company.

Jung, Carl (1958). *Psyche and symbol.* (Violet DeLazslo, Ed.). New York: Doubleday and Co.

Jung, Carl (1961) *Memories, dreams, reflections.* (Richard Winston & Clara Winston, Trans.). New York: Vintage Books.

Jung, Carl (1964). *Man and his symbols.* New York: Dell Publishing.

Jung, Carl (1966). *The spirit in man, art, and literature.* Princeton: Princeton University Press.

Jung, Carl (1979). *Word and image*. (Amelia Jaffe, Ed.). Princeton: Princeton University Press.

Jung, Carl (1983). *The essential Jung.* (Anthony Storr, Ed.). Princeton: Princeton University Press.

Kirschling, Jane Marie, & Pittman, James F. (1989). Measurement of spiritual well-being: Hospice caregiver sample. *Hospice Journal 5,* 1-11.

Koenig, Harold G. (1994). *Aging and God: Spiritual pathways to mental health in midlife and later years.* New York: Haworth Pastoral Press.

Koenig, Harold G. (1995). Use of acute hospital services and mortality among religious and non-religious copers with medical illness. *Journal of Religious Gerontology* 9 (3), 1-22.

Koenig, Harold G., Cohen, Harvey, Blazer, Dan, Pieper, Carl., Meador, Keith, Shelp, Frank, Goli, Veeraindar, & DiPasquale, Bob (1992). Religious coping and depression among elderly, hospitalized, medically ill men. *American Journal of Psychiatry 149* (12), 1693-1700.

Koenig, Harold. G., Moberg, David O., & Kvale, James N. (1988). Religious attitudes of older adults in a geriatric assessment clinic. *Journal of American Geriatric Society* 36, 362-374.

Langer, Susanne K. (1942). *Philosophy in a new key.* Cambridge: Harvard University Press.

Langer, Susanne K. (1953). *Feeling and form.* New York: Charles Scribner's Sons.

Langer, Susanne K. (1957). *Problems of art: Ten philosophical lectures.* New York: Charles Scribner's Sons.

Larson, David B., Pattison, E. Mansell, Blazer, Dan G., Omram, Abdul R., & Kaplan, Berton H.(1986). Systematic analysis of research on religious variables in four major psychiatric journals. *American Journal of Psychiatry 143*(3), 329-334

Ledbetter, Mark, Smith, Leslie, Vosler-Hunter, Wanda, & Fischer, James (1991). An evaluation of the research and clinical usefulness of the spiritual well-being scale. *Journal of Psychology and Theology 19* (1), 49-55.

LeFevre, Carol, & LeFevre, Perry (Eds.). (1985). *Aging and the human spirit: A reader in religion and gerontology.* Chicago: Exploration Press.

Levin, Jeffrey S. (1996). How prayer heals: A theoretical model. *Alternative Therapies 2* (1), 66-73.

Levin, Jeffrey S., Lyons, John., & Larson, David B. (1994). Obstetrics, ethics, medico-legal issues, and public policy: Prayer and health during pregnancy: Findings from the Galveston low birth weight survey. *Obstetrics and Gynecology Survey 49* (4), 244-245.

Levin, Jeffrey S., & Taylor, Robert Joseph (1993). Gender and age differences in religiosity among black Americans. *Gerontologist 33*, 16-23.

Loder, James (1981). *The transforming moment: Understanding convictional experiences.* San Francisco: Harper and Row.

Loetscher, Lefferts A. (1978). *A brief history of the Presbyterians.* (3rd ed.). Philadelphia:Westminster Press.

Lyons, Roman, Perry, Huw, & Littlepage, Beverly (1994). Evidence for the validity of the SF-36 questionnaire in an elderly population. *Age and Aging, 23,* 182-184.

Macrae, Janet (1995). Nightengale's spiritual philosophy and its significance for modern nursing. *Image: Journal of Nursing Scholarship, 27,* 8-10.

Mangione, Carol, Marcantonio, Edward, Goldman, Lee, Cook, E. Francis, Donaldson, Magruder C., Sugarbaker, David, Poss, Robert, & Lee, Thomas (1993). Influence of age on measurement of health status in patients undergoing elective surgery. *Journal of the American Geriatrics Society, 41,* 377-383.

Marwick, Charles (1995). Should physicians prescribe prayer for health? Spiritual aspects of well-being considered. *Journal of the American Medical Association 273* (20), 1561-1562.

McFague, Sallie (1987). *Models of God: Theology for an ecological, nuclear age.* Philadelphia: Fortress Press.

McFague, Sallie (1993). *The body of God: An ecological theology.* Minneapolis: Fortress Press.

McHorney, Colleen, Ware, John. E., Lu, J.F.Rachel., & Sherbourne, Cathy (1994). The MOS 36 - Item short form health survey (SF-36): III. Tests of data quality, scaling assumptions, and reliability across diverse patient groups. *Medical Care, 32,* 40-66.

McHorney, Colleen, Ware, John E., & Raczek, Anastasia (1993). The MOS 36-item short form health survey (SF-36): II. Psychometric and clinical tests of validity in measuring physical and mental health constructs. *Medical Care, 31,* 247-263.

Medical Outcomes Trust (1994). How to score the SF-36 Health Survey. Boston: Medical Outcomes Trust.

Mickley, Jacqueline, Soeken, Karen., & Belcher, Ann (1992). Spiritual well-being, religiousness, and hope among women with breast cancer. *Image: Journal of Nursing Scholarship, 24,* 267-272.

Miles, Margaret (1985). *Image as insight*: Visual understanding in western Christianity and secular culture Boston: Beacon Press.

Miles, Margaret (1989). *Carnal knowing: Female nakedness and religious meaning in the Christian west.* New York: Random House.

Miles, Margaret (1996). *Seeing and believing: Religion and values in the movies.* Boston: Beacon Press.

Moberg, David O. (1984). Subjective measures of spiritual well-being. *Review of Religious Research, 25,* 351-364.

Moberg, David O. (1995). Applications of research methods. In Miles A. Kimball, Susan McFadden, James Ellor, & James Seeber (Eds.), *Religion, spirituality, and aging: A handbook* (pp.541-557). Minneapolis:Fortress Press.

Moody, Harry R. (1995). Mysticism. In Miles A. Kimball, Susan McFadden, James Ellor, & James Seeber (Eds.), *Religion, spirituality, and aging: A handbook* (pp.87-101). Minneapolis:Fortress Press.

Moore, Thomas (1992). *Care of the soul: A guide for cultivating depth and sacredness in everyday life.* New York: HarperCollins.

Moore, Thomas (1996). *The re-enchantment of everyday life.* New York: HarperCollins.

Mynchenberg, Thomas L., & Dunhan, Joyce (1995). A relaxation protocol to reduce patient anxiety. *Dimensions of Critical Care Nursing 14* (2), 78-85.

Nelson, James B. (1988). The body of Christ and the human body. In Walter Wiest (Ed.), *Health care and its costs; A challenge for the church* (pp. 161-176). Lanham, MD: University Press of America.

Nelson, James B. (1992). *Body theology*. Louisville: Westminster/John Knox Press.

Niebuhr, H. Richard (1941). *The meaning of revelation.* New York: Macmillan.

Nightingale, Florence (1859/1992). *Notes on nursing: What it is and what it is not.*(Commemorative Ed*)*. Philadelphia: J.B. Lippincott.

Noddings, Nell (1989). *Women and evil*. Berkley: University of California Press.

Norberg, Astrid, Melin, Else, & Asplund, Kenneth (1986). Reactions to music, touch, and object presentation in the final stages of dementia: An exploratory study. *International Journal of Nursing Studies, 23,* 315-323.

Norris, Kathleen (1993). *Dakota: A spiritual geography.* Boston: Houghton Mifflin.

Nouwen, Henri (1981). *The way of the heart.* New York: Ballantine Books.

Nye, William P. (1993). Amazing grace: Religion and identity among elderly black individuals. *International Journal of Aging and Human Development 36* (2), 103-114.

Paloutzian, Raymond F., & Ellison, Craig W. (1982). Loneliness, spiritual well-being, and the quality of life. In Letitia Anne Peplau & Daniel Perlman (Eds.) , *Loneliness: A sourcebook of current theory, research, and therapy* (pp. 224-237). New York: John Wiley & Sons.

Payne, Barbara P. (1989). Religion and the elderly in today's world. In William M. Clements (Ed.), *Ministry with the aging: Designs, challenges, foundations* (pp. 153-174). New York: Haworth Press

Pelletier, Kenneth. (1992). *Mind as healer, mind as slayer.* New York: Dell Publishing.

Perlman, Dottie & Takacs, George J. (1990). The 10 stages of change. *Nursing Management 21* (4), 33-38.

Pope, Diana S. (1995). Music, noise, and the human voice in the nurse-patient environment. *Image: Journal of Nursing Scholarship 27* (4), 291-296.

Presbyterian Panel (1993). 1991-1993 Report. Louisville: Research Services, Presbyterian Church (U.S.A.).

Pressman, Peter, Lyons, John, Larson, David & Strain, James (1990). Religious beliefs, depression, and ambulation status in elderly women with broken hips. *American Journal of Psychiatry 147* (6), 758-760.

Ramshaw, Elaine (1987). *Ritual and pastoral care.* Philadelphia: Fortress Press.

Regele, Mike (1995). *Death of the church.* Grand Rapids: Zondervan Publishing.

Rizzuto, Ana-Maria (1979). *The birth of the living God.* Chicago: University of Chicago Press.

Robert, Josephine (1996). A harmonious atmosphere. *Nursing Times 92* (4), 60-61.

Roberts, Kay, & Messenger, Theresa (1993). Helping older adults find serenity. *Geriatric Nursing 14,* 317-322.

Ruether, Rosemary Radford (1983). *Sexism and God-talk: Toward a feminist theology.* Boston: Beacon Press.

Ruether, Rosemary Radford (1992). *Gaia and God: An ecofeminist theology of earth healing.* San Francisco: HarperSanFrancisco.

Samuels, Mark (1995). Art as a healing force. *Alternative Therapies, 1,* 38-40.

Saussy, Carroll (1991). *God images and self-esteem; Empowering women in a patriarchal society.* Louisville : Westminster/John Knox Press.

Schroeder-Sheker, Therese (1994). Music for the dying: A personal account of the new field of music thanantology-history, theories, and clinical narratives. *Journal of Holistic Nursing, 12,* 83-99.

Schussler-Fiorenza, Elizabeth (1983). *In memory of her: A feminist theological reconstruction of Christian origins.* New York: Crossroad Publishing.

Schussler-Fiorenza, Elizabeth (1984). *Bread not stone: The challenge of feminist biblical interpretation.* Boston: Beacon Press.

Sherrill, Kimberly A., & Larson, David B. (1988). Adult burn patients: The role of religion in recovery. *Southern Medical Journal 81*, 821-829.

Simpkinson, Charles, & Simpkinson, Anne (Eds.). (1993). *Sacred stories: A celebration of the power of stories to transform and heal.* San Francisco: HarperCollins.

Singer, Dorothy G., & Revenson, Tracey A. (1978). *A Piaget primer: How a child thinks.* New York: New American Library

Spretnak, Charlene (1991). *States of grace: The recovery of meaning in the postmodern age.* San Francisco: HarperSanFrancisco.

Thompson, Marjorie (1995). *Soul feast: An invitation to the Christian spiritual life.* Louisville: Westminster/John Knox Press.

Thornburg, John D. (1996). Saved by singing: Hymns as a means of grace. *The Hymn 47* (2), 5-10

Tillich, Paul (1957). *Dynamics of faith.* New York: Harper & Row.

Tillich, Paul (1959). *Theology of culture.* London: Oxford University Press.

Trible, Phyllis (1978). God and the rhetoric of sexuality. Philadelphia: Fortress Press.

Trible, Phyllis (1996). Eve and Adam: Genesis 2-3 reread. In Susan Cahill (Ed.), *Wise Women: Over 2000 years of spiritual writing by women* (pp.359-367). New York: Norton.

Turner, Victor (1974). *Dramas, fields, and metaphors: Symbolic action in human society.* Ithaca: Cornell University Press.

Ulanov, Ann, & Ulanov, Barry (1991). *The healing imagination: The meeting of psyche and soul.* New York: Paulist Press.

van den Blink, A. J. (1995). Seeking God: The way of the spirit: Some reflections on spirituality and pastoral psychotherapy. *Journal of Pastoral Theology, 5,* 12-27.

Vogel, Linda (1995). Spiritual development in later life. In Miles A. Kimball, Susan McFadden, James Ellor, & James Seeber (Eds.), *Religion, spirituality, and aging: A handbook* (pp.74-86). Minneapolis: Fortress Press.

Wachtel, Tom, Piette, John, Mor, Vincent, Stein, Michael, Fleishman, John, & Carpenter, Charles (1992). Quality of life in persons with HIV: Use of the MOS. *Annals of Internal Medicine 116* (2), 129-137.

Wallis, Claudia (1996, June 24). Faith and healing. *Time 147,* 58-70.

Ware, John E., & Sherbourne, Cathy (1992). The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Medical Care, 30,* 473-481.

Weiland, Steven (1995). Interpretive social science and spirituality. In Miles A. Kimball, Susan McFadden, James Ellor, & James Seeber (Eds.), *Religion, spirituality, and aging: A handbook* (pp.589-611). Minneapolis: Fortress Press.

Weinberger, Morris, Samsa, Gregory, Hanlon, Joseph, Schmader, Kenneth, Doyle, Marti, Cowper, Patricia, Uttech, Kay, Cohen, Harvey, & Feussner, John (1991). An evaluation of a brief health status measure in elderly veterans. *Journal of the American Geriatrics Society 397* (7), 691-694.

Wells-Federman, Carol (1996). Awakening the nurse healer within. *Holistic Nursing Practice 10* (2), 1329.

Whitcomb, Joan B. (1993). The way to go home: Creating comfort through therapeutic music and milieu. *The American Journal of Alzheimer's Care and Related Disorders & Research 6*, 1-10.

Whitehead, Evelyn (1985). Religious images of aging: An examination of themes in contemporary Christian thought. In Carol LeFevre & Perry LeFevre (Eds.), *Aging and the human spirit: A reader in religion and gerontology* (pp. 56-67). Chicago: Exploration Press.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development.* New York: International Universities Press.

Zimmerman, Lani, Pezehl, Bunny, Duncan, Kathleen & Schmitz, Rita (1989). Effects of music in patients who had chronic pain. *Western Journal of Nursing Research 11* (3), 298-309.